

AMERICAN
JOURNAL OF INSANITY,
FOR JULY, 1868.

CASE OF MRS. ELIZABETH HEGGIE.

On the fifteenth day of June, 1864, Charlotte L. Heggie, a daughter of James M. Heggie and Elizabeth Heggie, of Ithaca, Tompkins county, in the State of New York, died at her father's residence, at the age of twenty-one, after a short illness; and under circumstances so like those attending the death of an elder sister, Mary, about eight months before, and otherwise so suspiciously, that the coroner deemed it necessary to hold an immediate inquest to ascertain the cause of the death. A *post mortem* examination was made, and the verdict of the jury was death by poison; and the coroner, on the advice of the district attorney, at once apprehended Mrs. Elizabeth Heggie, the mother, on suspicion of having administered the poison.

It is not our purpose to examine the evidence proving the fact of the poisoning, and fastening it upon the alleged culprit. These points are assumed to be conceded. They do not seem to have been very tenaciously disputed by the counsel for the defence, and may, indeed, be fairly considered as confessed by the culprit herself. The crime, however, was so horribly unnatural as at once to impress many minds with a conviction, either that it was not possible that a mother should have committed it, or that, if she had, she was unquestionably insane.

The case so far as it calls for any notice from this Journal, depends upon the question of insanity as disclosed by the voluminous evidence. We have carefully perused the whole, as well that on the preliminary as that on the main issue, as it was minutely taken down by an official reporter; and shall give such a condensed abstract of it as will cast an impartial light on the question that specially concerns us.

The whole life of the defendant was retraced with much particularity on both issues. The preliminary issue was tried in April, 1865, in the county where the offence was committed, and occupied five days. The difficulty of obtaining an unbiased jury on that occasion, grew, in consequence of the increased publicity and agitation of the matter, into an impossibility of doing so on the trial of the main issue, compounded of both the guilt and the insanity. To try this, the whole panel of jurors summoned was first exhausted, and then the whole jury list of the county; and out of the whole three hundred or thereabouts, not twelve men could be found, who were not excluded either by peremptory challenges, or for confessed or presumed bias. It was therefore determined to try the case in Cortland county. Both trials were before Justice Mason, of the Supreme Court, now of the Court of Appeals. The government appeared by Cochrane, Attorney General, on the preliminary issue, and by Martindale, his successor, on the main issue, assisted by Mr. Wilson, District Attorney of Tompkins county, on both. The defence was managed by Mr. Tremaine as leading counsel.

The preliminary trial decided simply the question of present sanity, after the hearing of several medical experts, by a verdict that the culprit was then sane; by which was meant that she was legally capable of a defence on her trial: that, in other words, she did not,

in the judgment of the jury, fall within that humane provision of the statutes, that "no insane person can be tried, sentenced to punishment, or punished, for any crime or offence, while he continues in that state."

The principal testimony given on the preliminary issue was substantially repeated afterwards (excepting that of Dr. Butler, of Hartford,) on the trial in chief; and it is therefore unnecessary further to refer to it, except possibly to explain or elucidate the meaning of the witnesses, or to note variations in their testimony.

The trial of the main issue was held in Cortland county, in May, 1866, about two years after the homicide, and occupied about ten days. The plea of insanity was interposed for the substantial defence. The uncontroverted, proved, or admitted facts were these:

Elizabeth Heggie, whose maiden name was Kendall, was born in December, 1818, at Wilkesbarre, Pennsylvania. She was a third or fourth child. Her maternal grandfather was reported to have died insane, and one of her brothers was insane twice at intervals. Her mother was in low spirits, and often found weeping, just before Elizabeth was born. One cause assigned was a pecuniary misfortune of the family that happened about that time, and threatened distress. In her advanced years she had a profound faith in electricity, as a medical panacea, and in her success in applying it; which was adduced as an evidence of her tendency to insane delusions.

When three or four years old, or when she was old enough to be about, Elizabeth was picked up one day in a senseless condition, on the ground, at the foot of a flight of outside-stairs, without a railing, leading to the second story of the dwelling, from the top or some tread of which stairs she was supposed to have fallen. Prior and subsequent to that event, during her childhood,

she had convulsions or fits. When found, her head was swollen from a blow, and she was at first suspected to be dead. After recovering from that, she grew up without much association with playmates, and without much fondness for childish social amusements. She is described as "a poor, sick, puny child," "too weakly to go to school for years," "always stupid," "often alone amusing herself." She was sly, suspicious, and a listener. She stealthily pinched little children. She was no favorite with her sisters, and was rather shunned by them and by the family generally as a disagreeable child.

At about twelve, she went to school for two or three quarters; and her teacher reports of her that she was not appreciative, but dull and taciturn; not playful; and at times showing a sad and sullen spirit. "She was not a particularly bad girl, was not quick to learn, and was not troublesome. She found it difficult to commit the multiplication table, but read and wrote."

At about eighteen, she was married; and became afterwards the mother of nine living children, (having two and probably four miscarriages,) the intervals of birth varying from thirteen to eighteen and twenty-four months. She was kind to her children, and vain of them, while they were young; but as they grew up, treated them with short speech and unkindness, showing some favoritism. She was a notable housekeeper, dispatchful and laborious, and showed good taste and thrift in her purchases for the household. She was of a quick temper. In her family, and in her intercourse with her sisters and their families, she was moody; sometimes lively and sometimes sulky; muttering when alone; frequently in tears; shutting herself in her bedroom for hours when something went wrong, or she was thwarted in her expectations or intentions; complaining

frequently, for eight or ten years before her trial, of headaches (which the family physician says were sometimes nervous and sometimes sick-headaches, but not more frequent with her than with many women) and of want of sleep; sometimes expressing herself as having no friends, and wishing she were dead.

As her children grew up, particularly her daughters Mary and Charlotte, she had frequent petulant, abrupt, and hard words with them; chiding them harshly and threateningly, violently wrangling with them, and denying them company; on one occasion locking them out, on another cutting off the gas to drive away their visitors, and on another putting her silver and linen under lock and key that it might not be used by them during her temporary absence. They were now young women of marriageable years. She frequently expressed a suspicion that they were supplanting, or intending to supplant her, in the management of household affairs, and on one occasion, at least, wished they were dead. When she heard that Charlotte was about to return home from a visit to the west, she wished the cars might "smash up" on the way. To her family and relatives she showed peculiarities and traits that do not appear to have been observed by her less intimate acquaintances. They speak of a glaring eye, a downward look, and a silly, idiotic laugh which accompanied silly and unmeaning remarks; of her little or no conversation; of her untruthfulness, inconsistency, and self-contradictions; of her remarkable fondness for seeing funerals and horrible events, hurrying forward unseemly to be the first to see a corpse, and curious about sad accidents. These traits were not observed much, and many of them not at all, by mere acquaintances and neighbors on terms of ordinary social intimacy, or by those she met in shopping or otherwise casually.

Her conduct seems, during all her life, to have been mortifying to her sisters when in her company in the presence of others, and she took much to heart little criticisms and corrections of her daughters respecting her modes of expression in her table talk. On one occasion, when there was a turkey for a dinner, she used the word "stuffing," and her daughter Charlotte said "you mean *dressing*, mother," she rose indignantly from the table and left the room. On another occasion, when she was complaining to one of her sisters of her children not treating her well, saying "they wanted to run over her," the sister replied that "if she would treat them as a mother ought to, and not be always finding fault with them, they would treat her differently," she was so much offended that she would not speak to her again "for months." "She disagreed with all her friends." She was a professor of religion, a member of a religious society, and a pretty regular attendant on divine service. She was not apparently much enlightened on religious matters, and could not be engaged in much conversation respecting her spiritual state. She participated in the benevolent labors of a sewing society, taking some pride in entertaining it at her residence, as well as in entertaining visitors.

As has been intimated, most of the singular traits of looks, manners, and character thus far detailed, were testified to by the family connections of the defendant, who were naturally concerned for her exculpation, if not from particular affection for her, from a desire to prevent a great family disgrace.

There does not appear to have been any recurrence of the fits or convulsions that attended her infancy, after the age of puberty, or from before the time she attended school (about twelve) until on one occasion five or six years before the trial. She then attended a Sunday

morning service at the Baptist Church, instead of her own, and was seized there with a fit or convulsion, accompanied by a shriek that startled the congregation. She was forthwith carried by the sexton into the vestibule, seated on a chair, and a physician was sent for. He found her apparently going into a sleep. She said nothing, and he did not know whether there was any consciousness. There were some slight convulsions. Her breathing was hard at first, but soon became more natural. Her pulse was full and rather strong; but gradually subsided in its force and violence. He did not think it was decidedly a case either of epilepsy or of hysterics. She would not answer his questions. She seemed unable to support herself, and leaned against some persons by her as she sat in the chair. Her eyes were closed; the mouth not drawn open. The symptoms were such that he thought she would soon go to sleep. In that condition she was taken home, he going with her and the sexton in a carriage. She partially assisted herself into the house. He remained about half an hour or more, and when he left thought she was asleep. He did not visit her again. She soon recovered. The sexton says that while she was sitting in the chair in the vestibule her eyes were shut, and when she was put into the carriage they were open. As some stress was laid upon this occurrence to color the defence, it is necessary to add that she herself afterwards explained it sufficiently perhaps, if truthfully, when she told the sexton that she and her husband had quarreled that morning, and that was the reason why she had gone to the Baptist Church instead of going with him, and "while thinking over what had happened she got so mad she could not hold herself; but," she added, "I knew what I was about all the time."

Respecting her conduct just previous to and during the last illness of Charlotte, there is much testimony bearing upon the question of her guilt, and perhaps no less important as touching the question of her sanity. It is therefore given with more detail.

The defendant had been with her husband on a visit to New York, where they had spent a fortnight. The morning after they returned, the mother, finding that the table linen had been used, inquired of a younger daughter, whether Charlotte had had company during her absence; and being informed that she had, remarked that "the next company would probably be her funeral." Within a day or two after, Charlotte was taken sick, and the family physician was called in by a hurrying message from the mother, who opened the door for him the moment he touched the door-steps, and immediately on his entering closed the door upon him, and requested him in an anxious voice to tell Charlotte that "her *father* had sent for him;" assigning, when questioned, for a reason, that "she would not follow his prescription unless she thought her father sent him." To his question what was the matter with Charlotte, she said, "she was very sick, that she was just as Mary was, and that she did not believe that she would ever get well." To his surprise, on starting to ascend the stairs to her room, he saw Charlotte at the head of them, dressed for the day, who insisted on coming down to the sitting room. On examination he found her pulse rapid and small, her tongue of a grayish color with redness at the tip and edges. She said she had been at the club room, (where were meetings to do work for the soldiers,) the day before, and had vomited freely, and felt better; but after supper time, was taken again, and suffered severely in the night by burning pains in her stomach and griping of the bowels. She had taken little dinner, and no

supper. He prescribed for her, and, as he was leaving, asked, before the mother, if he should call the next morning. Charlotte said she thought she would be well then, and expressed a reluctance to take the medicine he left with her. The mother said, if she was not decidedly better in the morning, they would let him know. He was not sent for again. This was Friday.

After the physician left, a female cousin came and stayed with Charlotte during her sickness. They walked out together after tea that day. At night, Charlotte took the medicines as prescribed (first, one powder consisting of calomel and rhubarb, and afterwards a Dovers powder,) expressing a reluctance to do so, and a wish that she might have a homœopathic physician. During the night, she vomited and purged four or five times, and the next morning she was quite weak. The same day she ate a small bit of toast and drank some black tea in the evening, which was poured out at the tea table by her mother, and handed by her to Charlotte. She had taken black tea on one or two occasions before that at the table, and had complained that it gave her an ill-feeling. Her mother had said that she thought it would be better for her than drinking so much cold water. She vomited some of it. On Saturday or Sunday evening, her mother prepared some fresh black tea, and wished the cousin to urge Charlotte to drink it. Charlotte took some of it, but did not retain it. She rested better Saturday night than the night before, with less vomiting and purging. She had complained for some time of a distressed feeling in her stomach. She dressed herself, with assistance, Sunday morning; but seemed very weak, and her illness increased. Some panada was prepared for her by her cousin; but she took very little of it, and drank occasionally of the black tea, but did not retain it. The

sickness and vomiting continued through Sunday and Sunday night, with less violence. The mother went to church Sunday morning. Monday morning, she went out and bought half an ounce of arsenic at a druggist's, saying to him that "the arsenic she got before was not very good, and she wanted some better than that." She had bought some the Saturday before at another shop. The druggist, after learning from her that she used it on bread and butter to poison rats, told her to use it with Indian meal. She then voluntarily spoke to him of the illness of her daughter, saying that "she was taken sick very much as Mary was, and she feared she would not recover." During this Monday morning, the cousin prepared some gruel at the mother's request, she supplying the materials,—Indian meal, salt, and water,—saying "she did not know just how to do it, and preferred that she should make it." It was made and left to cool. Charlotte tasted it, and said it tasted good, but would take but little for fear it would make her sick. In the afternoon, the cousin found the mother herself preparing some gruel, and asked her what she was doing. She replied, "she was preparing some new, for the other was too salt, and Charlotte did not wish her to tell the cousin so." She said she had thrown the other away. While she was preparing this, a younger daughter came in from school, and on saying she had been to see a gravestone which was ordered for Mary, the mother said "they would have to make another for Lotty before long." This new gruel was put on the stand, and Charlotte took some of it that afternoon, at two or three different times. She complained that day or the next of its irritating her throat and stomach. She also partook of some oyster broth prepared by her father. She seemed to rest quite easy Monday night. Her hands and feet were cold from the first of her sick-

ness. On Tuesday, in consequence of her complaints of her throat and stomach, her homœopathic physician prescribed a preparation of marsh-mallows to relieve the irritation. She could not retain anything on her stomach. The cousin was absent during the forenoon, leaving Charlotte in the care of her mother; and on her return, at noon, did not find her any better. She took no medicine except the throat wash, which she spoke of as producing a pleasant sensation in the mouth. The gruel was not continued. She was very restless and delirious all Tuesday night, complained of an inward burning, and threw herself from side to side of the bed; and in the morning of Wednesday the coldness of the extremities was particularly observed. She was very much worse, very delirious, took no nourishment, and, between nine and ten o'clock, died.

Just before her death, while the mother, one of her sons, and others of the family and attendants were about the bed and in the room, the son said to his mother, "Mother, God Almighty knows you had a hand in this!" to which she made no reply. When she died, the mother was weeping violently. The son, on passing out of the room remarked to her, "Woman, you will have something to reflect upon!" to which no reply was given.

Three or four hours after the death, the mother went out into the woodshed, a sort of out-kitchen, where a woman accustomed to do occasional house-work for the family, and who had been sent for to aid them that day, was at work; and placing her hand on the table, said, "she had another affliction,—a hard one," and asked the woman, "Did I not show you arsenic on Monday?" The reply was "No." She rejoined, "Yes, I did." The reply was, "No, if you had I should have remembered it;" to which she rejoined, "I did, but you

were confused." She continued, "I was up street, and got sixpence worth of arsenic,—that it would not mix with Indian meal, and that she had put it on bread and butter." The woman exclaimed, "You don't think Charlotte got the bread and butter!" "No," she said, "but I am glad Bell Kendall (the cousin) had the handling of the medicine." The woman replied, "I hope you don't think Bell gave her any thing." "Oh no!" she said, "but she was glad Bell had the handling of her medicine." The woman added, "I hope you don't think people will censure you," and she replied, "Oh no, but she was glad since it had come to this, and she and her husband thought that Mary and Charlotte took the arsenic to whiten their complexion." The talk was then interrupted by some one calling the mother. It may be added here as a coincidence in regard to the two deaths, that just before Mary's death the mother had bought arsenic.

The calling away of the mother which broke off this conversation was to get her directions for a person waiting to receive them respecting a shroud which she had already ordered for Charlotte's burial. The direction she gave was that it should be "just like Mary's." On one occasion during Charlotte's sickness, while confidently predicting the day and almost the hour of her death, she had remarked, "How splendid Mary was laid out—she looked like a bride," and almost in the same breath that "she did not like burying so many of her good clothes."

There is not much disclosed in the evidence respecting the daughter Mary. It appears that she did not take with forbearance or respect her mother's frequent chidings and coarse, sharp talk, but responded in a like strain and temper, and rather defied and evaded her attempts at discipline. It is shown of Charlotte that,

in general, she was respectful, patient, and filial, although on one occasion she had a violent altercation and personal struggle with her. "She was a bright, intelligent, very pretty girl, and of a good disposition;" but she seems to have felt that her home was a very unhappy place; and when she was summoned by her father to return from a pleasant sojourn in the west "she felt as if a dagger were thrust into her." "Both these daughters," says a maternal aunt, "were fond of society, were educated, accustomed to visit among educated people, and desired to have that class of people visit them."

During the mother's confinement in the jail, she was frequently visited by medical men, and was also of course frequently in communication with the jailor and his wife. From their several testimony it appears that "the ingratitude of her children was the great trouble on her mind." The physician who attended her says that she always complained of her head the first thing; that he observed nothing peculiar about her eye, and never saw her smile or laugh. She never denied the murder positively; but she said that "if she had done it, it was done without knowledge how she came to do it, or anything about it." He detected her in positive falsehoods. She was constantly curious to know whether her visitors were for her or against her. She told the jailor's wife that she hoped to be sent to the Asylum; thought she could be cured in about six weeks or two months; "she was not so bad as she had been;" also, that her counsel and her friends assured her "it would all come out right." She played April Fool's jokes on the jailor; she criticized the testimony on the preliminary trial; called for the village papers and "Frank Leslie;" wanted a new flower border for her bonnet, and some coloring stuff for her hair. She was

deceptive as to her physical condition, claiming, for instance, to be constipated, when there was demonstrative evidence to the contrary, and prevaricating about her medicines.

On the question of sanity, there was a conflict in the opinions of the medical experts who were summoned as witnesses.

Dr. Butler, Superintendent of the Hartford Asylum, who appeared only on the preliminary trial, was not convinced that the defendant was insane; but the evidence showed him that there was a state of mental unsoundness and debility which created in his mind a strong doubt of her sanity. He considered her as a proper subject for an asylum, where the doubt might be solved. He had no decided evidence of ancestral taint, but had of collateral insanity. If it was a case of insanity, it was neither *mania* nor *melancholia*, and was not sufficiently defined yet.

Dr. Brown, physician of the Bloomingdale Asylum for the insane in New York, and for eighteen years connected with hospitals for the insane, drew from the evidence the opinion, which he expressed unreservedly and with the consciousness that perhaps some measure of professional reputation might be at stake, that the prisoner was insane at the time of the alleged homicide in June, 1864. She came from a family in which there was a good deal of insanity, suffered from convulsive disease in early life, had been subject to moody fits throughout life, and then, coming to the evidence connected with the homicide, he interpreted the views which she was said to have expressed as to the measure of authority which she said her daughter was inclined to assume in the household, by usurping her place at the head of the female department of it, as indicating an irrational and insane view of the facts, and as consti-

tuting, in connection with the course she took to remove the daughter from the opportunity of taking her place, an insane delusion; especially when he considered that the maternal instinct is one of the strongest influences of the human mind, and that the mother will do anything for her offspring and submit to any sacrifice for them. He attached very little importance to any single symptom isolated from all others, but preferred to group them together to make a whole, from which to form an opinion. Had there been no sleeplessness in the case, it would not have changed his opinion. He assumed the fact that she was indulgent, fond of her children, and vain of them; glad to have them enjoy themselves; as the basis of her ordinary mode of feeling and acting towards them. He regarded her as always having been a nervous person, but not insane; but had not formed the impression that she had ever been a healthy person. In some cases of *melancholia* or *dementia*, insanity may exist without delusion. He supposed, that at the time of the homicide, the real state of affection between the mother and daughter was different from what it was before. To a question of the Court: Is this a case of insanity without delusion? he replied that he was unable to say; he thought there was a delusion consisting in her belief that the daughter was likely to usurp her own proper measure of authority, and there was no adequate reason for it. He took the evidence as showing an entire absence of convulsions since infancy. To another question of the Court, he said that great and prolonged *melancholia* constitutes a form of insanity whether any delusion can be discovered or not; so that a person may be pronounced insane without any delusion. This was not a case of that kind. He regarded the supposed usurpation of the daughter as the particular in which the

delusion, in his judgment, appeared. Her variable and moody disposition he supposed to represent her natural temperament and ordinary course of feeling and conduct. He did not regard her as insane on general subjects; *monomania* was a much more rare species of insanity than the world at large understands; but he thought it a case of partial insanity. On the evidence he had heard he was willing to regard it as a case of insane delusion. He supposed that she understood the nature of the act.—After hearing the rebutting evidence he adhered to the same opinion he had before expressed.

Dr. Cook, physician of the Asylum at Canandaigua, New York, (who had testified on the preliminary issue,) was of the opinion that the defendant was of unsound mind in June, 1864. An inherited predisposition to insanity,—a nervous convulsive disorder in infancy, resulting in modified or perverted development of the mind, as shown by her feebleness of body and mind in early life,—her slowness to learn,—her inability to acquire more than the simplest forms of knowledge,—the peculiarities of her childhood,—the emotional disturbances extending over the whole period of her married life, but more marked of later years, exhibited by alternate depression and exhilaration, by her frequent fits of weeping and laughing, by her cordiality alternating with reserve towards her friends,—her irritability towards her children,—the indications of mental unsoundness as shown by her impaired intelligence,—her mutterings when she was not conscious of being observed,—the exaggerated importance which she attached to ordinary and trifling events,—the distrust and suspicion with which she in turn regarded her family,—the belief which she seems to have firmly entertained that her daughters as they grew to womanhood were trying to supplant her in the control of her household,

—the belief so held and acted upon; these indications, conjoined with her frequent headaches, her sleeplessness, her irregular habits of taking food, the convulsive attack in church, the appearance of the prisoner in his interviews with her, the condition of the circulation (100 to 140 beats in a minute,)—these were the most prominent indications on which he rested his opinion. From her appearance he was led to think that, at some time of her life, she had had some convulsive disorder, whether of the nature of epilepsy affecting the nervous centres, or whether it had its origin elsewhere, affecting only the spinal column, he could not determine. The latter he called infantile convulsions. As to the question whether she was sane or insane in June, 1864, his mind was involved in some doubt. He was unable to say that in his opinion, positively, and without qualification, using the term “insanity” in its ordinarily received acceptation, she was then insane: he used the words “unsoundness of mind” and “insanity,” ordinarily convertible terms, making in this case some distinction,—not using them as precisely convertible terms. As to any apparent delusion, he was not prepared to say that there was delusion; neither could he positively say that there was not: he entertained a doubt about it, and it was partly on that that he hesitated to pronounce positively upon the insanity. The case was a marked departure from the class of cases to be classed ordinarily as insanity. The facts immediately surrounding the crime were not so fully developed as to make a complete case, upon which he could rest a positive and unqualified opinion. From the incompleteness of the case he could not give a positive opinion.—After hearing the rebutting evidence, Dr. Cook being recalled, gave it as his opinion, founded upon all the facts given in evidence on the trial, and upon his personal examination of the

delusion, in his judgment, appeared. Her variable and moody disposition he supposed to represent her natural temperament and ordinary course of feeling and conduct. He did not regard her as insane on general subjects; *monomania* was a much more rare species of insanity than the world at large understands; but he thought it a case of partial insanity. On the evidence he had heard he was willing to regard it as a case of insane delusion. He supposed that she understood the nature of the act.—After hearing the rebutting evidence he adhered to the same opinion he had before expressed.

Dr. Cook, physician of the Asylum at Canandaigua, New York, (who had testified on the preliminary issue,) was of the opinion that the defendant was of unsound mind in June, 1864. An inherited predisposition to insanity,—a nervous convulsive disorder in infancy, resulting in modified or perverted development of the mind, as shown by her feebleness of body and mind in early life,—her slowness to learn,—her inability to acquire more than the simplest forms of knowledge,—the peculiarities of her childhood,—the emotional disturbances extending over the whole period of her married life, but more marked of later years, exhibited by alternate depression and exhilaration, by her frequent fits of weeping and laughing, by her cordiality alternating with reserve towards her friends,—her irritability towards her children,—the indications of mental unsoundness as shown by her impaired intelligence,—her mutterings when she was not conscious of being observed,—the exaggerated importance which she attached to ordinary and trifling events,—the distrust and suspicion with which she in turn regarded her family,—the belief which she seems to have firmly entertained that her daughters as they grew to womanhood were trying to supplant her in the control of her household,

—the belief so held and acted upon; these indications, conjoined with her frequent headaches, her sleeplessness, her irregular habits of taking food, the convulsive attack in church, the appearance of the prisoner in his interviews with her, the condition of the circulation (100 to 140 beats in a minute,)—these were the most prominent indications on which he rested his opinion. From her appearance he was led to think that, at some time of her life, she had had some convulsive disorder, whether of the nature of epilepsy affecting the nervous centres, or whether it had its origin elsewhere, affecting only the spinal column, he could not determine. The latter he called infantile convulsions. As to the question whether she was sane or insane in June, 1864, his mind was involved in some doubt. He was unable to say that in his opinion, positively, and without qualification, using the term “insanity” in its ordinarily received acceptation, she was then insane: he used the words “unsoundness of mind” and “insanity,” ordinarily convertible terms, making in this case some distinction,—not using them as precisely convertible terms. As to any apparent delusion, he was not prepared to say that there was delusion; neither could he positively say that there was not: he entertained a doubt about it, and it was partly on that that he hesitated to pronounce positively upon the insanity. The case was a marked departure from the class of cases to be classed ordinarily as insanity. The facts immediately surrounding the crime were not so fully developed as to make a complete case, upon which he could rest a positive and unqualified opinion. From the incompleteness of the case he could not give a positive opinion.—After hearing the rebutting evidence, Dr. Cook being recalled, gave it as his opinion, founded upon all the facts given in evidence on the trial, and upon his personal examination of the

prisoner, that she was insane in June, 1864; and in answer to a question of the Court: Whether he discovered any essential difference between the evidence upon this trial and that upon the preliminary one which he had heard, he explained that the former evidence was given to him in a very hasty manner, and being immediately called to the stand, he could not give a decided opinion. Since then he had given a special attention and care to the case.

Dr. Gray, Superintendent of the State Lunatic Asylum at Utica, New York, had from time to time had interviews with the accused during her imprisonment between January, 1865, and the time of the trial, on several occasions, and had heard all the evidence on the trial; and taking both together, he would say that she was sane in June, 1864. From his interviews with her, taken collectively, after examining her as to her past life; as to her health in childhood and girlhood, and as she came up to womanhood, through her married life; as to the crime with which she was charged; and as to her intelligence;—going over the *minutiae* of her whole life and habits so far as she would communicate them, —he formed the opinion that she was a woman of very little intelligence, not cultured, and of a very low grade of intellect; of high temper; her pulse varying under conditions of comparative calm and high emotional excitement from 88 to 120; of a very impressible nervous system, and of a highly hysterical type; of little religious knowledge; and very familiar with her household affairs, which seem to have been the entire sphere of her thought and action through life. As to the reasons on which he based his opinion of her sanity at the time of the homicide, the fact of hereditary taint, which he conceived to be very strongly marked in the maternal branch of the family and shown to appear in

collateral branches, accounted for her peculiar constitution of mind and body, inheriting the predisposition to the disease. The convulsions in childhood, during the period of dentition (although he would not say teething was the cause,) probably arrested her development at that tender age of earliest development, as inferable also from the fact that she was a dull, strange, disagreeable, unplayful, taciturn, unsociable child, whose society was shunned by her sisters. Touching her development to womanhood, he accepted her own declarations to him, that her functions were probably regular, and that she was in ordinary physical health. There was nothing to show that during that interval there was any departure from her ordinary health. It was "as good as the common run of women;" bearing children rapidly, nursing the most of her children, and menstruating during a portion of the time of nursing, suffering much from headache all her life, from backache during the nursing, and at one time from what she called a child-bed fever. He enquired particularly as to her climacteric period for the months preceding November, 1863, wishing particularly to know whether she had been unwell before or after the death of Mary, but was not able to get any information. Her account of the family relations was about the same as has been testified to: she complained that her daughters had not been obedient, and that there had been troubles and disputes between them. From the period of early womanhood, in order to arrive at an opinion, he had to consider this ailment or defect which she had,—that she was entirely uneducated,—that she had no cultivation, except what she got by rubbing against society,—that she was suspicious and envious, with the vanity of a weak, feeble-minded woman. The question then presented itself respecting her relations towards her sisters

and others, and he was satisfied that their general treatment of her accounted for her moody, irritable, and variable conduct towards them. She complained of them and did not seem to like them. On a mind of more strength, there might have been a different result,—another impression. She would detect that they, during all this time, must have felt that she was an inferior person. Her treatment of her daughters was what might very properly be said to be unnatural in a woman of intelligence who appreciated her duties. The evidence to his mind was that she got a dislike,—that she was cross, irritable, ugly, and repulsive. These girls were educated girls, above their mother in education and culture in every respect. They wished a progressive state of things in the household; and if she had been an intelligent woman she would have accepted it. She had a pride in being supreme. He had discovered no evidence of a delusion arising out of a disease of her brain: the word perversion or distortion might apply, but that he attributed to defect in character and not to disease. That is not evidence of the actual disease of insanity. She is a person of modified *moral* responsibility. There are different degrees of responsibility measured from the intellectual and moral *status* of the individual. Taking the common definition of the terms *sound* and *unsound* of mind, she was sound in her degree compared with her capacity. She did not originally develop what she might have developed, and there is a defect in the development of the intellectual faculties. Both physical and mental defect exist in her. She had jealousy, suspicion, and distrust, which are common to sane and insane. The real wrongs she complained of might not have affected some minds,—intelligent minds. Many sane persons might act from very slight causes. He saw no element of disease in

the case, of active, operating disease of the brain. There was no delusion: she had perverted views from misinterpretation of the conduct, intentions, and feelings of others. This weak woman misinterpreted the motives and feelings of her daughters. Insanity is a physical disease; and these things are the symptoms of the disease, and whether a delusion is a diseased delusion is a question of fact and not of science. The existence of insanity is only detected by taking the whole case into consideration with all the symptoms: these vary in intensity. The indulgence of high temper would not of itself produce insanity. There was slight evidence of a fall, but he hardly thought there was anything in the case to connect her condition with that fall. He distinguished between a defect and a disease: a child might have a blow on the head which would produce a defect. In incomplete insanity a person may talk rationally on various topics: there are persons with whom you may talk without discovering insanity. He had never seen a case of *monomania*: he did not use the word; but in medico-legal works it was given as a distinct kind of insanity. It is defined to be where a person is insane upon one subject, and sane upon others. Being asked if he doubted whether there is any case of a person being insane upon one subject without touching all, he said it would be going into the region of metaphysics, and he was unwilling to follow the subject there. He had known of insane persons competent to write essays, do acts of business, and have correct views upon certain subjects, without exhibiting insanity, as Cruden writing his Concordance, Dr. Adler his Dictionary, and of several insane persons giving Fourth of July orations. To a question by the Court as to his meaning when he spoke of modified responsibility, he said that he meant *moral* responsi-

bility, and not the *legal rule* of responsibility. Medical writers mainly concur as to the causes of insanity, and in the general outlines as to the indications and symptoms: one great point of difference is upon the question of homicidal impulse.

Several medical men, non-experts, were sworn as witnesses, whose evidence fluctuated from unformed opinions, through various grades of doubt, up to positiveness; but as their views are sufficiently represented in the copious abstracts given of the opinions of the experts, it is only deemed necessary to say that the greater part inclined towards insanity, and should therefore weigh, numerically, in behalf of the defendant.

The report of the trials does not contain the arguments of counsel, and we can only judge of the respective theories of the government and the defence, by the character of the testimony and the charges of Justice Mason, which are fully reported; and so much of them as pertains to the question of insanity and the medical opinions, are here extracted.

On the preliminary issue, he said to the jury, "The law always places great reliance on facts proven, and, as a general rule, the jury are to take these facts alone, in considering the questions before them. In some cases, however, the opinions of experts are permitted to be given to the jury,—not necessarily conclusive or controlling, but to aid you in finding a verdict. I regard them as very safe guides. We need aid and assistance in solving these intricate questions, and are very much obliged for the assistance they render: but the jury are not to cast aside their own judgment, nor should they set up their own judgment against the clearly and positively expressed opinions of these experts. The reason why the laws have allowed us to call these experts is the obscurity which surrounds mental disease. Its

cause and *indicia* lie beyond the line of ordinary knowledge, so that laymen are not able to understand and comprehend them without such assistance. * * *

If there are rational doubts upon the question of her present sanity [the defendant] should not be put upon her trial. That seems to be the rule, and you should in this instance take it as your guide in determining this case. But I ought to explain to you what that rule is. The same rule applies upon this trial [of present sanity] as upon the trial of a prisoner upon an indictment. If there are reasonable doubts of the prisoner's guilt he should be acquitted. * * * The rule expressed in the books is of rational doubts. It does not mean *speculative* doubts, because there is no case tried but that speculative doubts may be got up over it. There are few cases, if any, where such doubts may not be entertained. How do you know but that a man who swears that he saw a crime committed, lies? How do you know but that a long train of circumstances pointing to the guilt of a prisoner, may lie? We do not know: we cannot know. We never can demonstrate it as a problem is demonstrated. All that we ever expect to attain in these cases is reasonable moral certainty. I do not know any better rule to guide you than to say that the rational doubts which arise in your minds to the benefit of a prisoner, are not such as arise after the reason and judgment of the jury are thoroughly convinced of the facts. The prisoner should be put upon her trial, if your reason and judgment are satisfied that she is now capable of reasonably conducting her defence,—that she has not such intelligence that she is capable of making a rational defence: not that she has the capacity or shrewdness to grasp all the points of the case as her counsel would; because the poor, weak criminal, who knows but right and wrong, can be put

upon his defence, and every such person is capable of making a defence, unless there is some mental disturbance which prevents it. That brings us to the question which you are to determine in this case, and that is, Is this woman now insane? If so, she is incapable of making a proper defence. If she is not insane, she is capable, with the aid of her counsel, to make a proper defence."

The charge went to the jury without exception in any point, and they found the defendant sane.

In charging the jury on the main issue, involving both the guilt and the sanity, Justice Mason on the question, "Was [the prisoner,] under the law, a responsible agent?" said:

"If insane, as the law interprets insanity, she was not: if sane, as the law interprets sanity, she was responsible for the act. My experience in trials of this kind has satisfied me of the obscurity and perplexity that are many times presented in solving the question of insanity. It certainly is perplexing, both to laymen and to the medical profession; and when we go into the books and look for the *indicia* upon which we are to determine a question of sanity or insanity, or ascertain whether a given act is consistent with sanity, we are led into this wonderful confusion, arising from the fact, that the same person, whether sane or insane, has the same emotions, controlled only by a different influence: consequently, if you ask the medical witness whether such and such an emotion is consistent with insanity, he will say "Yes;"—is such an expression consistent with sanity? "Yes." The reason for this is that the same emotions will crop out, whether the person is sane or insane. The case is to be determined by you, upon the evidence, in this branch of the issue; and I will very briefly submit it to you, with such views as

my duty requires. * * * Our law has fixed a standard and measure of intellect to which it brings all persons, and holds them responsible for the crimes they commit. Any person who has a capacity to understand the nature and quality of the act, and to know that it is unlawful and morally wrong, under our law is responsible, whatever perturbation or weakness of intellect there may be in the case. The rule is well stated by Judge Beardsley, in the case of Freeman, as follows: "Where insanity is interposed as a defence to an indictment for an alleged crime, the inquiry is always brought down to the single question of capacity to distinguish between right and wrong when the act was done. * * The insanity must be such as to deprive the party charged with crime of the use of reason in regard to the act done. He may be deranged on other subjects, but, if capable of distinguishing between right and wrong in the particular act done by him, he is justly liable to be punished as a criminal." In a recent case in the Court of Appeals, Judge Denio lays down the same rule. (*Willis v. People*, 32 N. Y., 715.) By this standard you are to try this issue between the people and the prisoner at the bar. All the evidence in this case,—as well the evidence to establish fact, as the evidence of the medical witnesses,—must be brought down to this one test. It follows, therefore, that if, when we consider the medical testimony it does not square with this standard, the opinions of the medical men are not to control you. I entertain the highest estimation of the medical profession. I am not one of those who think it advisable to send them from the Court House. They are useful men, and often aid a court and jury in rendering a correct verdict. There are, in the manifestations of insanity, many *indicia* that lie beyond the scope of the common mind; and when

the medical evidence consists of *a scientific opinion upon conceded facts*, it is entitled to respect and consideration from the jury. * * * So far as the opinions of medical men upon questions of *science and skill connected with their profession* are concerned, they are safe guides for us. When their opinions involve the determination of a question of fact, they are not guides any more than any other men, and their opinions are not controlling in the case. Upon the question whether the prisoner at the bar was acting under an insane delusion, in reference to her relatives and her children, Dr. Gray and Dr. Brown may be said to have differed, and Dr. Rhoades and some of the other physicians, I presume. I ought to say that if these opinions are pronounced upon deductions that they have drawn from the evidence, and not from any matter of skill or science, then their opinions do not control us. It is proper for me to say to you, that if the opinions of the witnesses which they have declared before you here of the insanity of the prisoner, cannot be squared by the stern rule of the law, if the prisoner had sufficient mind and intellect to know the quality of the act which she committed, and to distinguish between right and wrong, it matters not how the grade of intellect is,—the law holds her responsible. * * * These medical gentlemen are led to the conclusion that there are certain modified responsibilities, attaching to persons more or less disturbed in their intellect. Dr. Gray said he regarded the prisoner at the bar as a person of modified responsibility, and he meant *morally*, and this is not the rule of medical men alone, but the rule of all. But when you come down to the *legal* rule of responsibility, every man is to be held responsible for a given degree or measure of intellect or capacity. * * * I ought to say to you that while we should pay all proper

respect to medical witnesses, we are not bound by them. Go to the first case in infancy. If these convulsions were clearly proved to be of a certain character, they would evidence brain disease. The difficulty is, what caused them. Children have fits and convulsions from various causes, and this is barely adverted to by the physicians. The fall is the next, and the injury upon the head. If it injured the brain, it might have solved this case. The question is: Did it? Were these epileptic convulsions, or were they something else? None of the physicians have stated that they were. What was the fit in the church? Was it *hysteria* or *epilepsy*? If it was epilepsy, it indicated a disturbed state of the brain, at least; if it was *hysteria*, it was not indicative of insanity. * * * When you come down to the question of what is destined to be the real point in this case to establish insanity, and that is, *the delusion*, it is said to be upon the question of her relations to her daughters; and the defence urge the idea that she had a delusion that her daughters intended to dethrone her in her family, and take the reins into their own hands. The Attorney General denies this, and takes the ground that the case is so destitute of evidence upon that point, that you should not attribute her conduct and declarations to mental delusion, or to insanity upon that subject. Here is the point wherein the medical men come in collision. Dr. Gray sees no evidence of delusion in her, and says that there is no evidence in the whole case of any mental hallucination. Drs. Brown and Cook think they read here a delusion in the mind of the prisoner. You must solve the question in the light of all the evidence in the case, paying all due attention to these opinions. So far as they result from different conclusions upon the evidence, you are not to take them. There are two theories here.

The counsel for the defence claims that the case is so destitute of any proof that such a state of things could have existed, that there is a hallucination; while the attorney-general claims that those feelings were brought out by a state of things that did actually exist. * * *

There is in this case—if you find that here was nothing to constitute a just cause for such a state of feeling upon the part of the mother—reason to believe that she had a delusion that her children really meant to dethrone her in the government of the family; and the question then recurs, Was that delusion one that so overthrew the intellect of this individual as to render her irresponsible in law for her acts? Had she a delusion in reference to this very act of crime, which did not allow her to appreciate that she was doing a wrong act, but which led her on, against her will and reason, to its commission? If she had, she was not responsible in the law: otherwise if she had not. * * *

Although she might have thought that the daughters were wronging her, yet did she think it was right to kill them? Did her delusion go to the extent of justifying her in her act? Was her reason so far overthrown by the delusion, or the error, that she thought her relations to her children were different from what they really were? * * *

From the evidence in this case, are you satisfied that the prisoner at the bar had an insane delusion,—such an insane delusion as deprived her of the power of will, and of the ability to understand the nature of the act that she was committing, and of the knowledge and appreciation that it was morally wrong? If so, your duty is to acquit her; if she had not, she is not exempt upon the plea of insanity. * * *

Our law permits not the conviction of persons where there are reasonable doubts of their guilt. I should say to you precisely what I mean by that. There may,

in every case tried in this forum, be doubts raised as to whether a fact is proved or not. If two men come up and swear to a homicide, we take their evidence and convict. We have no knowledge whether they have committed perjury. Reasonable doubts are not doubts which may arise in a speculative mind, after the reason and judgment are thoroughly impressed with the guilt of the prisoner. * * * If the case is proven, as the government claim, against the prisoner, it is your duty to convict her, if you find her to be a responsible agent. * * You have the rights of the prisoner and the people in your hands. You should hold to the stern rule of the law, but give her the benefit of all reasonable doubts."

The defence asked the Court to charge the jury, that, "if, upon the whole evidence in the case, the jury should find that by reason of insanity or imbecility, or other mental unsoundness, the prisoner was unable to know the nature and quality of the act which she committed, and that such act was morally wrong, it will be their duty to acquit her:" to which the Court said, "That involves the question of insanity and of intelligent capacity. I feel constrained to say to you, (addressing the jury,) that if there is no insanity, there is nothing in the proposition. This woman has lived through a life that has developed a degree of capacity and intellect, showing that she is not of that low standard, unless there is mental disturbance. She would not be irresponsible under the law as an idiot is not responsible, unless she is insane; but I do not mean to rule upon that question, but to leave it to you."

This remark of the Court, was excepted to, and several other exceptions were taken, of only one of which did the Court take particular notice, and for that purpose called the jury back. "I desire to say to you that

an exception has been taken to my charge in reference to a remark I made, in regard to the fit at church. I remarked that, if that was *hysteria*, or what is commonly known as hysterics, it is not evidence of insanity. What I mean is, that *hysteria* is not insanity; but I do not say that that circumstance is no evidence in the case to be taken into the account by you, in considering the question of sanity or insanity. As I was understood to take that question entirely from your consideration, I call you back. I intend to say that *hysteria* is not insanity, *per se*." Other exceptions were made; the usual last bubbles of the subsiding effervescence of counsel, and their customary parting salutes to Court and jury; which disappeared with the occasion, and were not again revived. A verdict of guilty was rendered, and a polling of the jury confirmed it. The usual sentence followed, with ample time allowed for its execution, to appeal to the executive clemency; which was bestowed in the way of commutation of punishment, substituting imprisonment for life instead of death upon the gallows.

The charges of Justice Mason are perfectly clear, forcible, and quite unequivocal statements of the existing criminal law regarding insanity as held in this State. It is obvious from the tenor of these charges that the chief point in the case was the alleged delusion, and, if there was a delusion, the extent of its influence in regard to the criminal act. To justify the jury in an acquittal, it was necessary that they should find not only a delusion, but also that it was powerful enough to incapacitate the culprit from distinguishing between right and wrong as to the homicide, and from knowing the nature of the act. They found neither, or at least they found no delusion of sufficient power: of necessity they must have found the latter, if they found the

former, or have given a different verdict. In determining this, if biased at all by the opinions of the medical experts, they must have disregarded the numerical balance of opinions, and sided with the minority. This circumstance justifies a remark or two.

In this particular case, aside from the bare question of the guilt of the prisoner, for some reason *two* several juries found her legally sane. On the preliminary issue there was substantially the same numerical preponderance of expert testimony inclining in her behalf, that there was on the main issue.

Juries are apt to be affected by the presence and manner of witnesses to facts; by their readiness, their ingenuousness, their capacity of throwing light upon an investigation. They are struck convincingly with the air and intelligence of one witness, with his promptness, clearness, frankness, and candor; they form an unfavorable judgment of another from his embarrassment, his hesitancy, his seeming partiality, his evident foregone conclusions, his being of a side. With regard to witnesses to opinions, *experts*, juries consider that there is as much difference between them, as there is between witnesses to facts, in respect to their capacity of seeing things aright and forming reasonable opinions upon them. They examine their qualifications, they criticize their appearance on the stand, they are affected by the intelligence and frankness of their answers, they guess as nearly as they can respecting the measure and quality of their expertness, they scan their bias both of sympathy and prejudice, and in regard to favorite theories of their science, and give less or more importance to their opinions according to the impressions made by such considerations. Juries know, equally with experts, all the facts on which their opinions are founded; and they cannot but canvass within themselves the proba-

bilities of those opinions being well or ill sustained by the facts. There must be a balance of opinions, as well as a balance of facts; and the weight of opinions, moreover, is not the same thing with a jury as the weight of facts. In respect to *facts*, the jurymen say "numerically, indeed, there are more witnesses on one side than there are on the other, but, morally, we think one of the witnesses on this side worthier of our confidence than all the witnesses on that. The truth, we think, lies with him." In respect to *opinions*, they say, "the opinion of that expert on one side is more in accordance with the facts and better inferred from them, than all the opinions of all the experts on the other, and we will be guided by it." It is after all a conviction of the minds of an honest jury that governs their verdict; and they have instincts or impressions or sentiments of their own which they cannot smother, and which will leaven their conclusions, just as inevitably as a man's physiognomy unconsciously fixes our impression of his character. You cannot poll them to ascertain what particular bit of evidence, or what particular opinion of an expert, principally controls them. It is their conclusion upon the whole mass of evidence, both facts and opinions; some considerations operating upon one mind, and some upon another; and the comparison, compounding, and summing of the whole, including their inward, unanalyzed, secret and instinctive convictions, is their verdict.

In this very case, two different juries, in two different counties, on almost the same testimony, and on the same diversity of opinion of experts, came to precisely the same conclusion on the point of sanity. Such a double conclusion does not of itself make the opinions of the experts any the less valuable as opinions, although evidently, as they are opposite, some must be wrong as applications of science and experience to the

self same facts. But it shows a state of feeling on the part of juries that is on the whole favorable to the administration of penal justice upon human, social, and legal principles. They will not go over the boundary that divides facts from speculations. They are plain, but shrewd men, representing the average degree of human feelings, sense, and judgment; and where any twelve, after a long sifting and weighing of facts and opinions, come to a unanimous sincere conclusion, and particularly where any *two* twelves, on the same facts and sworn opinions, come independently to a like conclusion, it would be presumptuous to impeach its correctness without more light shining upon us than they had. In one case, they pronounced the accused sane enough for a defence; and in the other, sane enough for criminal culpability and punishment: and, in so doing, they virtually rejected the numerical preponderance of expert opinions, in favor of the solitary contradictory opinion, because that satisfied their reason, their consciences, and the law, and the rest did not.

It is not unusual to question the intelligence and integrity of juries. As to their intelligence, there probably never was a period when better educated and informed juries were impanelled than now; and as to their integrity, it is quite equal to the average integrity of the whole people, which is not perhaps very significant praise, when we reflect how corrupt and dishonest all classes, from statesmen downwards, are generally reputed to be. It is not unlikely that in great commercial marts and in communities where wealth abounds, and men's morals are apt to sit loosely, jurymen may be swayed by the same appeals that so successfully swerve men of more pretension and position from their obligations of religion, morality, and good citizenship. It may be too, that in cases of great interest and excite-

ment, the general laxity of morals is so far participated in by jurymen as to make them more approachable than they once were by dishonest parties appealing to their covetousness or their partisan prejudices, or some other weakness to which they are as liable as other men. Juries may sometimes be so packed or sorted, badgered or cajoled, by the arts and management of parties and counsel as to render their verdicts suspicious and wholly unworthy of the name of justice and righteous dealing. But with all these casual or inherent defects, the jury system is probably a more satisfactory one to the people of those countries accustomed to it (and they are the countries where on the whole justice has been administered with more intelligence, wisdom, and satisfaction than in any other,) than any that can be devised to take its place. In general, juries are a fair index of the common sense and feeling of a people. That they should be required to be unanimous is the strongest point of exception; but it may well be doubted whether, after all, it is not the point which makes their conclusions the more satisfactory. Sheer obstinacy and doggedness may sometimes prevent or force a verdict in the face of all testimony and reason; but on the other hand, and quite as often, the conscientious earnestness of one man on a jury, may cause the ultimate triumph of justice and right by the steadiness of his adherence, and the strength of his shrewd convictions. Although there are occasional questions beyond the ordinary intelligence of juries, yet on the whole the subjects submitted to them are such as come home to men's business and bosoms, and are fairly within their grasp; and in criminal cases their error is apt to lie in clemency rather than vindictiveness.

Our question, however, is not whether the juries and the Court were right, but which opinion of the experts

was right? As the Court put it to the jury, on the main issue, it was wholly a question of delusion or no delusion in the legal sense, and that sense is well and authoritatively defined by Justice Mason. Facts, not speculation, must decide it.

As we read the testimony, there was never such a departure from her usual course of conduct on the part of the defendant, as, according to the unanimous definition of insanity given by the medical experts, gives any color to the notion of her being insane. There was no interruption of her usual health, no perceptible disease affecting the brain to cause any accession of insanity, nothing abnormal as compared with her whole life. She was either insane to the same extent from her infancy, or there is no period when she could properly be called so, comparing her with herself. Her conduct in her family and among her family connections, had always one aspect; amongst neighbors and ordinary acquaintance, it had another aspect, but quite as uniform. Her peculiar disposition and qualities to which her family were accustomed, although annoying, mortifying, capricious, disagreeable, and irritating almost to an intolerable degree as her children grew up to maturity and character, were not regarded as insanity; and those which were observed by mere acquaintances were not of a stamp to excite them to any suspicion of insanity, but simply of idiocrasy. There was one short period that might indicate a tendency to *melancholia*, but a tendency may never ripen to a disease, not even a hereditary tendency; except always the hereditary tendency to decay and death, which is ever infallible. On the whole, there does not appear to have been any departure, prolonged or otherwise, from herself, caused by disease. What was peculiar in her conduct was the tenor of her whole life. She may possibly have been

crazy, as she certainly was peculiar, all along; but there was no obvious departure from herself, that sure index of insanity.

A departure from one's self, does not, however, mean every change that may occur in the conduct or mode of life. If it did, the wicked forsaking his ways and the unrighteous man his thoughts, or the righteous man lapsing into temptation and vice, and going widely and permanently astray, would fall within the category. It means that a man should at some time, and for some time, perhaps always afterwards, run counter to his natural life-long bent and feelings; fork off sharply and more or less suddenly from the path he has always traveled, and strike an inexplicable tangent to the circle of his usual movements; pursue some errant and cometary track instead of his accustomed orbit; and all without obvious rational purpose or design. If we see a naturally grave man all at once assuming an extreme gayety and frivolity of manner; a noted miser all at once become an equally noted spendthrift; a genial, witty, and hilarious man all at once turn into a demure, sour-visaged, misanthropic one; we may well suspect all these men, judging them by the standard of their own individual life and character, to be insane. They have emphatically departed from themselves; and we fairly infer that disease, manifest or obscure, is at the bottom of it. A man who pursues a pretty constant manner and course from childhood to old age is usually sane. Although he may be a weak man, or a perverse one, or an eccentric one; although he may never have been strongly and particularly sane; yet, relatively to himself, he is as sane as he ever was. It may not be the highest degree of fully-developed stalwart sanity; it may be even less than the medium degree of it, tapering in various shades towards the stolidity of idiocy; but

he is not therefore insane. He may sadly lack self-control, be very dull in his moral sense, very weak in resisting evil, and very devilish in all his propensities; but he is not therefore insane.

Applying such principles to the case in hand, we discover no insanity to begin with, and therefore nothing to found a palliating delusion upon. But allowing that there may have been so much unsoundness, physical weakness, defect, or whatever it might be, as would constitute a sufficient basis for an insane delusion, was there really any such delusion?

What is really true can be no delusion. Illogical deductions, obliquity of mind, obstinate perversion, odd fancies, may distort or invert the truth, and wrap it in a false and deceptive garb, just as a fanciful or excited eye may shape a cloud into a camel or a whale. Jealousy may produce delusions, suspicion may, passionate love often does; (for that matter, according to the poets, we are all crazy once in our lives, "*semel insanivimus omnes*;"") but they are not necessarily insane delusions, however hurtful, or however pleasant. Othello's frenzy, which is generally attributed to jealousy, although Coleridge very ingeniously doubts it, and which provoked a homicide and indirectly a suicide, was not an insane delusion: it was a real, logical, well-founded belief, upon facts which might have misled the sanest mind, except Iago's who contrived them. The particular facts that impressed both his reason and his imagination were individually true, but were so put together and distorted by artful villainy, "entrapping," as Lamb says, "a noble nature into toils against which no discernment was available," and so suddenly sprung, as to allow a quick, passionate, and ardent sensibility no opportunity to scrutinize and detect the real weakness of the fatal meshes which snared him. He was imposed

on, and in that sense deluded; overpowered by a conviction of connubial treachery, which wrought him to a frenzy of passion; but there was no delusion of insanity.

In this case which we are considering, the delusion, if any, confessedly sprung out of a jealousy or a suspicion of the mother that her daughters were aiming to displace her in the management of her household; that they were obviously acquiring a superiority over her. Notwithstanding her low and feeble intellect, and perhaps the more sensitively on that very account, she was still conscious of a growing disparity unfavorable to herself. It was galling to her pride, and irritating to her temper, and stimulated her peevish and revengeful spirit. Although it is difficult for well regulated and ordinarily right-feeling minds to conceive that such sentiments should ever in real life rise to so desperate a pitch as the deliberate homicide of two daughters; yet history and criminal records are too thick with like instances of the tremendous and awful force of evil and indulged passions to allow us to doubt the possibility. All the Jezebels, the Messalinas, the Gonerils, and the Lady Macbeths are not extinct. Strong as the instinct of maternity naturally is, we know that in many countries, if not quite obliterated, it is constantly and remorselessly violated; and even in this country, so frequently as to diminish our wonder if it should reach to the untimely removal of adult offspring. It is wickedness, more than insanity, that prompts to foeticide and infanticide; and the same diabolic spirit that suggests these requires very little maturing to efface natural affection and to dispatch children of a larger growth. The son of Sirach who could say, "Forego not a wise and good woman, for her grace is above gold," also said, "All wickedness is but little compared to the wickedness of a woman." It has no equal for intensity,

especially when the meaner passions are aroused; and therefore Shakspeare puts it into the mouth of Albany to say to Goneril,

“Proper deformity seems not in the fiend
So horrid as in woman;”

what we should tolerate in a devil as a natural characteristic, is more horridly devilish in a woman and a mother. “Hell hath no fury like a woman scorned;” or like an envious and malignant one, as described by Ovid, (in Addison’s version,)

“Who never smiles but when the wretched weep;
Nor lulls her malice with a moment’s sleep;
Restless in spite; while watchful to destroy,
She pines and sickens at another’s joy.”

All this is within the compass of human depravity; and wretched insanity should not be compelled to father such monstrosity, begot of the devil.

In letters of Paul to his Roman brethren and to his young friend Timothy, still extant, and good strong reading, he describes a class of cases familiar in his day, under a nomenclature more significant and characteristic, and far more sonorous, than the modern “barbarous vocables,” *kleptomania*, *pyromania*, *oinomania*, *pseudomania*, *aidoiomania*, *oikeiomania*, *fanatico-mania*, *politico-mania*, and the like, which define and cover acts and habits that we are permitting to seek the shelter of insanity for protection. In one or other of the subdivisions of Paul’s comprehensive class, and perhaps in two or more of them, a judge, or a divine, or a moralist of a hundred years ago would likely have ranked this case. It would fit in well among the *Astorgoi*,—those without natural affection,—or the *Phthoneroi*,—those full of envy or suspicion,—or the *Asunetoi*,—those without understanding,—or the *Anel-*

eëmonai,—those incapable of mercy; all subdivisions or species of the great genus that Paul does not hesitate to stamp as *Reprobate Minds*; which is a mild way, perhaps, of calling them insane in Bible Greek. His appellatives have a scriptural force and meaning in them which is more level to the comprehension of juries than the palliatives of modern invention; for juries not only have a strong touch of natural religion, but a tincture of St. Paul's sort too, and are apt to think there is some crime left outside of insaanity, though all wickedness be folly, which is next of kin to it. The great Christian moralist, who was brought up more-over at the feet of that distinguished lawyer Gamaliel, does not incline to consider the cases which he enumerates, with much leniency, whatever color they may be varnished with, but denounces them with sharpness, as no better than heathen vices of the most horrible stamp. They are not in themselves indictable at common law, and can only be handled by the penal code when they come to a head in robberies, homicides, or other violence; which in these latitudinarian and sympathetic days, we attribute, with the kindest and most reverent intentions, to a visitation of God, instead of the instigation of the devil; who, before *oikeiomania* and the like were invented or discovered, was uncharitably presumed to be the putative, if not the real, father of them all. We have dropped the devil and his seducing and moving instigations out of our indictments, and admit such proof as ingenuity can devise of the visitation of God for both the provocative and the palliative of the most shocking crimes and enormities. The humanity which prompts this is no doubt very kind and pleasing to those for whom it is indulged, and to those who indulge it; but it is very baneful to public justice and penal laws: it is a humanity which

sacrifices social protection and social order to individual indulgence; to "loose life" and "unruly passions," more than to "diseases pale." We strip justice of her vital attribute, severity; and indulge mercy in her fatal weakness, impunity. It is thus, that, in the nervous language of South, "we persuade a man that he may cheat and lie, steal, murder and rebel, *by way of infirmity*, without any danger of damnation"—"a direct manuduction to all kind of sin."

A tendency to *melancholia* was said to have manifested itself at one time in the culprit; and *melancholia* is such a genuine phase of insanity, as commands pity and indulgence. There is not commonly much that is impulsive or violent in its manifestations; but rather, except in extreme cases, the reverse. It prompts oftener to suicide than to homicide. But it is odd that under its more common name of hypochondria, (pure and simple *hypo*,) it should always have been a common theme for petty sarcasms and jests, more than for grave and tender commiseration; as we laugh at hysterics, but put on a sober face with *hysteria*. But hypochondria would be a poor defence against a criminal accusation. Perhaps it is because so many have it, that it would nullify the whole criminal code and all criminal punishment. Lord Byron called it an "impeachment of a liver complaint." It is now, under a more intense name, sought to be made an impeachment of the mind and will; and is held by some to incapacitate one from committing any indictable, or at least any punishable, wickedness. Hypochondria tends to melancholia, and is in fact an incipient or nascent stage of it, but probably in nine cases out of ten does not reach to the height of insanity. At all events, a *tendency* to melancholia is not of more import than a hereditary tendency to insanity generally. It may run along a

whole life without becoming a disease affecting the brain, or excusing anything more culpable than a breach of good manners, an irritable temper, or a general disagreeableness of conduct. That sort of melancholia the culprit may have had, as thousands have it, without affecting her responsibility legally, and perhaps not very much morally.

Humanity is daily invoked to confound legal and moral considerations in criminal cases, and to undermine the penal code by admitting the opinions of speculatists to sway the judgment of juries. Particularly in highly penal cases, there is a persistent effort to encroach upon and modify the established rules of law applicable to them as narrow and constricted, and unworthy of a humane and generous age. This spirit of humanity would make courts of criminal law forums of conscience and casuistry, governed by some divine insight into human motives and the comparative power of every man over his will and passions, to be tested by the application of some speculative science or theory. Whenever any such science shall be so perfected as to unravel the mysteries of the workings of men's minds and impulses, in health and disease, by certain infallible deductions, it will be time to modify legal rules to accord with it. In the meantime we must reflect that these rules are of human invention and experience, devised for common use and application, and for the vast majority of men. They are founded on a broad, general principle that there is a great deal of bad conduct, growing out of bad passions and habits, that requires restraint and punishment. They go upon the general sense that sanity is the usual and typical state of man, and that insanity is an unusual, exceptional, and unhealthy state, suitable to be watched and guarded, but not to be punished. Therefore the penal

law excludes insanity: every insane person is exempt from its operation. That is a sure means of escape when there is no other. Of course every culprit will seek such an open door, and ingenuity will be taxed to its power, as we see daily, to secure his flight through it. Modern improvements have somewhat to do with this. It was formerly less dreadful to suffer the punishment inflicted upon crime than the horrid humanity of a mad house, or the chains and strait jackets of private confinement; and a conviction for guilt was more tolerable than an acquittal for insanity; the prison or the gallows was a preferable alternative to the notorious mal-treatment of madness. But when the asylums made confinement somewhat more agreeable, with less disgrace, than the prisons, then the plea of insanity, which was a respectable toning down of the ferocious old name of madness, became popular in a double aspect; it both saved and provided for the criminal, and pleased his friends, who at a stroke secured his escape from infamy and punishment, and themselves and society from his dangerous association. Hence, every odd look, every downcast and weeping eye, (and "what," says Ecclesiasticus, "is created more wicked than an eye? therefore it weepeth upon every occasion,") every silly laugh, every eccentricity of conduct, every hypochondriac turn, every physical weakness, every heat of passion, every natural frenzy of excitement, every impulse to evil act, every defect of self-control, is twisted and tortured, by sympathising friendship or by empirical science, into some significant index of insanity. This will never do. It is contrary to reason, to justice, to social protection, to all human experience, and to all divine law, however conformable it may be to some fanciful and super-humane speculations that have the air of science without the truth of

it. There must be a staunch safeguard somewhere; and the law has set it up as nearly right for all practical purposes and for a general rule of discrimination between crime and innocence, as human wisdom is likely to hit. If a man knows what he is about when he is doing a thing, as to the right and the wrong of it, and its consequences, he is legally responsible for what he does. If he does not know, he is not legally responsible; he is insane as to that act. That act is what the tribunal is to judge. It was his act; it was wrong; and he knew it at the moment; therefore he is guilty of it, and the law has affixed a punishment for such guilt. If there be error in the finding, or cause for remitting or moderating the penalty, the same law has provided against its own errors and its own severity. It has provided a pardoning power which may either cancel or modify the punishment. This is the best that human law can safely and wisely do. It is a candid acknowledgment of its own imperfection and lack of omniscience, and the best provision it can make for its occasional ill consequences. If his conscience acquits a man of guilt, and the sovereign human clemency is not satisfied of his innocence, Omniscience will weigh his conduct in a more delicate scale than He has intrusted to clumsy human wisdom, and will hold him acquitted at "the great day of examination of the whole world." This may be a poor present consolation for undeserved punishment; but many a good man has had to be content with it; and all must, so long as human affairs are directly conducted by human beings.

For neither men, nor tribunals composed of men, are infallible. No human law, and no human application of divine law, is, or ever will be, perfect. The prevailing tendency of this age is, on some revived old theory which retains just spark enough among the ashes of a

former explosion of it to be raised into a fresh scintillation, to attack, openly or treacherously, the tried safeguards of society, law, philosophy, and religion, and open both the world of action, and the world of mind, as a free common for all sorts of vagaries to "browse and batten in." We are losing veneration for the ancient landmarks; indeed we do not seem to know where they are, or were, and are setting up new ones, as if none had ever existed, or all were buried in ruins. We are too busy with current affairs of wealth-getting or partisanship to pay attention to great principles, unless they be new, or new varnished; and the old are rusting out of mind. A thousand years' test of them avails nothing before a hurricane of vague theories and oppositions of science, that the next moment subsides, leaving a waste of tremendous ruin to be contemplated with amazement, and to be reduced to order by the toils and experience of another thousand years.

There is a strong proneness to forget, in the conflict of new philosophies and the effort to apply metaphysics in the regulation of human affairs, that accountability under human laws and accountability under divine laws are different things and gauged by different standards. What Lord Brougham, who added the acuteness of a metaphysician to the wisdom of a legislator, and had the mastery to keep his faculties clear each way, once said in the House of Lords, is so pertinent to this point, and otherwise so applicable to this particular case according to our apprehension of it, that we cannot hesitate to quote his high authority. "With respect to the point of a person being an accountable being, that is an accountable being to the law of the land, a great confusion had pervaded the minds of some persons whom he was indisposed to call reasoners, who considered accountability in its moral sense as mixing itself

up with the only accountableness with which they [the House of Lords] as human legislators had to do, or of which they could take cognizance. He could conceive of the case of a human being of a weakly constituted mind, who might by long brooding over real or fancied wrongs, work up so perverted a feeling of hatred against an individual that danger might occur. He might not be deluded as to the actual existence of injuries he had received, but he might grievously and grossly exaggerate them, and they might so operate upon a weakly framed mind and intellect as to produce crime. He could conceive that the Maker of that man, in His infinite mercy, having regard to the object of his creation, might deem him not an object for punishment. But that man was accountable to human tribunals in a totally different sense. Man punished crime for the purpose of practically deterring others from offending by committing a repetition of the like act. It was in that sense only that he had anything to do with the doctrine of accountable and not accountable. He could conceive a person whom the Deity might not deem accountable, but who might be perfectly accountable to human laws."

The part of metaphysical science which approaches closest to the confines of physical science is psychology. It is the

"—— nearest coast of darkness

"Bordering on light;"

and so far as experience affords a reasonable demonstration of the reciprocal action of the body and the mind, and shows an intimate and blended interaction marked by such indicants and contra-indicants as point out satisfactorily to the cautious judgment of a scrutinizing medical expert what treatment is due to cases of that

compound character, so far it may be within the purview of physical science, and as such may be the subject of legal consideration. So much of the philosophy of the mind as recognizes distinctions in its faculties which are every where and commonly allowed, and enter into and mingle with the staple of human knowledge and experience, is so ingrafted or imbedded in physical science as to be in current use and allowance for a part of it. Thus we recognize, without a cavil, the distinctions of will, memory, association, and imagination, which we know by our own consciousness and by experience not only vary in different minds, but are positively affected or disturbed or obliterated by certain ailments or lesions of the body. If a medical observer tells us that it is the constant unquestioned experience of his science that a particular disease deranges or prostrates the functions of the mind, or some of them, we believe that as readily as we believe that death prostrates them all. It is a phenomenon that involves no more metaphysics than the elemental principle that there is a body and a mind somehow mysteriously connected. If he tells us that his science shows that a disease of the liver depresses the mind; or a nervous disorder disturbs or confuses it as an usual accompaniment or result; or a lesion of the brain produces, according to the form and extent of it, more or less imbecility of one, or the other, or all of the mental faculties, and in every variety of gradation up to a complete loss of them; all this we believe on his testimony as an experienced scientific man. We see all these results in our own experience and observation, and his scientific solution of the cause of them we admit, because he and a long list of prior observers have found that such results have constantly followed from such causes, and have never, or not often, or not

so invariably, followed from other physical conditions. All this is legitimate. But when we go farther we get into a region of clouds and darkness. We get, to be sure, into a field where many of the acutest human intellects have gravely disported, and displayed the most remarkable subtlety of thought and reasoning; into the region of pure mind considered abstractedly from physical objects. Thither, as one of the experts in this case replied to the artful inquisitiveness of counsel, designed doubtless to entrap him among the pitfalls into which some of the wariest experts have stumbled, thither the law "cannot follow." It is subtle in distinctions of its own, but it cannot emulate the subtleness of metaphysical disputation. There is a point where the two must part company, and set up a palpable division fence which neither shall overleap; the law, with its proven facts, on one side; speculation, with its mists and confusion, on the other. It is just where fact terminates, and speculation begins. Medical science edges somewhat on the border, but it is deduced from observed facts and physical phenomena, and is a part of the common law. So is mathematical, so is astronomical, so is nautical, so is all physical science. Experts in such are good witnesses in their respective departments as to scientific deductions from conceded facts. *Cuique suâ in arte credendum est.* But what court ever called a witness to enlighten it with a metaphysical opinion? There are no allowed experts in non-physical science. Impanel a jury of the philosophers in that class, and let there be on it any twelve of them from Plato down to Sir William Hamilton, and they would not agree before doomsday on such questions within their field as might be propounded by a sharp lawyer on a nice point of insanity. Such, in the language of

another expert witness, are questions that "would puzzle the Solons of any age." The law does, and medical experts should, steer wide of that

"——— boggy *Syrtis*, neither sea
Nor good dry land,"

lest

"Treading the crude consistence, half on foot
Half flying,"

they be "quencht" in it. We would not disparage metaphysicians, although it puzzled Cowley, with all his power of obscure conceits, to know "whether metaphysic be anything or no." It is one of the finest and noblest exercises of the human mind to study itself; but it is one of the mysteries that God has reserved from the full knowledge of man; from more than the dimmest rays of it; perhaps for the purpose of sharpening his faculties to some ultimate useful end by whetting them upon each other to that keen edge which sometimes splits hairs so finely that the most microscopic intellect cannot distinguish which ninth part of one it cavils on. Here, we say, the law common, statute, or even the revealed law divine, does not follow. The divine law was first promulged from the thick darkness where God was, with awful thunderous shadows resting upon Sinai to conceal his brightness, as if to intimate that beyond God's absolute revelation nothing was to be penetrated by human insight. Into the thin, vapory skirts of that dense darkness we may somewhat penetrate, but all that we discover is thin and vapory too; and it is safer to be blinded by such a designed providential obscurity, than by an excess of that "unapproached" light that would more painfully and effectually quench our mortal gaze.

If there was really in this case, as the defendant

insisted there was, and as all the evidence to that point shows, a state of ill-feeling between her and her children, particularly her daughters; if they were really, as was very likely without any evil intent on their part, acquiring a domestic or social superiority over her, by their better education, manners and ambition to shine; and if she really, and as was quite natural for one of her narrow views, malignant mind, and spiteful temper, magnified these circumstances into something aggravating and unendurable; all this might be,—and that without any particular strain on human credulity,—without any insane delusion. It was the truth that troubled her. There might have been misconstruction of motives, exaggeration of little facts, misjudgment of feelings, and wrong estimate of conduct; but there was no delusion more than would excuse most deliberate crimes. A stronger minded, better trained, and more affectionate mother would have seen the case in a less distorted light, and would not have construed it into a petit treason punishable with death. Strong delusion may make people believe a *lie*; so St. Paul intimates, and so we see it every day; but a belief in the truth is no delusion. The experts who judged that here was a delusion of insanity, also conceded the fact of the household troubles that excited the mother and annoyed the daughters, as proven;—that such things really existed, at least to such an extent as to disturb a weak, nervous, and suspicious woman. If they believed the *fact*, how could they maintain the *opinion*? The jury were more shrewd and consistent, and finding the fact without the delusion, convicted the culprit of a murder, by a most righteous and just verdict according to law; leaving it to the Executive clemency, (not burdened by their oath to make a true deliverance,) to provide a test for its accuracy by commuting the punishment. They meant

that death or imprisonment should deprive an inhuman mother of the power of poisoning any more daughters, and that her fate should be an example to others that there is accountability to man as well as accountability to God. Two years of prison life have not developed insanity enough to impeach their judgment, or stagger our conclusions.

PROSPECTIVE PROVISION FOR THE INSANE.*

BY PLINY EARLE, M. D., SUPERINTENDENT OF THE NORTH-AMPTON LUNATIC HOSPITAL.

Of all the subjects legitimately belonging to the specialty of psychiatry, or immediately connected with it, no one has, for the last few years, occupied a more prominent position in the United States, or called forth a larger number of words, oral, written and printed, than the proper provision for the custody, care and cure of the insane.

In venturing to contribute another rivulet to this verbal Niagara, I do not profess to be able to say anything new; and my only attempted excuse shall be that I speak to an association which, whether it be regarded collectively or, with some exceptions, individually, does not stand in the bed of the stream of that which has been written, but, dwelling upon the plains of the bordering shores, has caught only the dewy droppings of the mist ascending from the torrent. Let us hope that those dews have been refreshing, and that some eye, more fortunate than others, has detected a rainbow extending its arc of beauty, of hope, and of promise above the somewhat turbulent waters.

*Read, by request, before the Massachusetts Medical Society, at the anniversary meeting, in Boston, June 2, 1868.

In this country during the quarter of a century next preceding the year 1855, or thereabouts, it appeared to be universally recognized as, in practice, a principle, and in theory, a postulate having all the self-evidence and the force of an axiom, that, for the proper treatment of the insane, the first measure is to collect them in hospitals adequately supplied with all the munitions which can contribute to the restoration of mental soundness. This principle was acted upon, and hospitals multiplied apace, until the enterprize received a check by the breaking out of the recent political rebellion. The exigencies of the civil war were such that our people have been, still are, and for a long time must continue to be heavily burdened by taxes. For this, and perhaps for other reasons, the formerly admitted principle has lost its universal hold upon the faith of the people, and has been questioned in more than one respect.

Various propositions of change have been made, most of them based upon limited practical operations in Europe. Meanwhile, the number of the insane in the United States unprovided with hospital accommodations has largely increased. Hence, at this moment, while there are probably from thirty thousand to thirty-five thousand insane not in the hospitals, the subject of their proper treatment has become not merely a question to be answered, or a proposition to be demonstrated, but, rather a problem to be solved.

The suggested modifications of what was thought to be the measurably established plan of hospitals for all, may be included under the following heads.

1. Hospitals for the curable alone.
2. Asylums for the incurable.
3. Colonies, or the Gheelois plan.
4. Central hospitals, each with neighboring cottages.
5. Family treatment.

The first two propositions above mentioned involve the important question of separation of the insane according as their disease is chronic or recent, or rather, as it is supposed to be curable or incurable. On the one hand it has been asserted that this separation may be made if not with actual benefit to both classes, at least with no detriment to either; while, on the other, it has been maintained that it is injurious to both. Dante has been quoted and misquoted, interpreted and misinterpreted, translated correctly and translated incorrectly, for the purpose of depicting the horrors of an asylum for incurables. But there is still room for the opinion that the door superposed by that inscription of awful signification and solemn warning,

“Lasciate ogni speranza,” &c.,

as described in “The Inferno,” was *not* the door of an asylum for the chronic insane. Yet as Dante is dead, and as he died and left no further sign upon the subject, and as Longfellow, in his translation, has no notes or comments thereupon, the correctness of this opinion cannot well be proved.

It has always appeared to me that the greatest objection to receptacles for the incurable, the objection, indeed, paramount not only to all others, but to all arguments in favor of such receptacles, is their liability to degeneration, neglect, and, as perhaps a necessary consequence, the abuse of the inmates. Pecuniary economy is not merely the point of departure, but, as it were, the very germ itself of their origin. If perfect hospitals, fully officered and completely equipped, cost no more than those asylums, no man would think of suggesting the construction of the latter, and the separation of the insane into the two classes mentioned. Based upon the principle of frugal if not parsimonious

expenditure, they cannot command the services, for officers, of men of superior qualifications, and, even if they could, the mass of incurable disorder within their walls would present no sufficient stimulus to retain such men. The same influences would have a similar effect upon the boards of trustees or managers, and gradually, in the nature of things, interest, if it ever existed, would flag, and neglect and abuse must almost necessarily follow. The history of such receptacles in Europe generally confirms the truth of this position.

Nevertheless it is not difficult to imagine an asylum for incurables so excellent that the position and condition of its inmates could nowhere be improved. Superintended by a man of special talent, taste and tact, of untiring industry and absolute devotion to his calling, and whose ambition and benevolence would both be sufficiently satisfied in making the mass of afflicted humanity under his charge as comfortable as circumstances would permit, an establishment of this kind might be made to meet all demanded requirements. But the number of such men whose services could be secured is small, and asylums nearly approximating such perfection must ever be but very rare exceptions. That such have existed, at least in one instance, we have the authority of one of the profoundest thinkers and one of the purest spirits among the German psychologists. I allude to Dr. Zeller, of the hospital at Winnenden, in Wurtemberg, whose remarks upon the asylum directed by Dr. Hayner, at Colditz, justify the assumption of this high position for that institution.

Perhaps it might truly be said of establishments for the insane, whether hospitals or asylums, as Pope says of governments:—

“Whate’er is best administered is best.”

While it requires no great brilliancy of fancy to conceive an excellent asylum for incurables, it is equally easy to imagine a hospital for curables the condition of the inmates of which could hardly be made worse. At any rate, the condition of the inmates of a well managed asylum is better than it would be in a badly managed hospital. But in the prosecution of a scheme so broadly comprehensive as the proper guardianship and treatment of the insane, it is necessary to act upon general rules and not upon exceptions. In the endeavor to select a method of custody, care and cure, we must attempt to fix upon one the conditions of which are such as will be the most likely to *insure* effective management.

3. The only existing example of the Colony, or that which has been termed the "free air plan," is that of the commune of Gheel, in Belgium, where many hundreds of mental aliens are placed as boarders, from one to four or five in a family, in the houses of both citizens and peasants. This great receptacle for the insane has existed for centuries, but has not been brought conspicuously into notice until within the last few years. The legend of its foundation by St. Dymphna, a beautiful young woman who, in the seventh century, fled from the presence and the home of an incestuous father, in Ireland, and here devoted her life to the care of the insane, throws an air of romance about this unique commune, the effect of which must be guarded against in the endeavor fairly to estimate the merits or the demerits of the place as illustrative of a peculiar method of provision for the insane.

I passed two days in Gheel, in 1849, and drew most of my information respecting the method from Dr. Parigot and Mr. Vygen, the *Commissaire de Police*. They kindly conducted me to many houses, both in the

village and among the peasant farmers, where insane persons were at board. My impressions of the place were not favorable, even for the class of the insane who by law are alone permitted to be received—the chronic, the incurable and the quiet—and much less so for other classes—the recently attacked, the curable, and the highly excited. Since that time, the objectionable features have been somewhat modified and diminished, by the introduction of the element of another method, in the erection of a central building which, to all intents and purposes, is an asylum or a hospital. Hence, so far as Gheel has been improved, the improvement is due not to the method of colonization, or segregation, but to the method of congregation and concentration.

Aside from agriculture, the care of the insane is perhaps the chief financial interest of Gheel, and, like all other pecuniary interests, it is managed with a primary view toward the profits. A system of brokerage has been established in the business, and the men engaged in this, like the "middle men" in all departments of trade and of commerce, hold, to a very great extent, the reins of power. The financial interest is thus paramount to the philanthropic interest; and these men will never permit benevolence to interfere with their pecuniary welfare, any more than the shoemakers of Lynn will permit the world to be supplied with shoes—were such a scheme supposable—manufactured gratuitously by a benevolent association.

Of the nearly seventy hospitals, asylums, and other special receptacles, counting Gheel as but *one*, which it has fallen to my lot to visit, there are but two at which I saw insane persons in any way personally restrained by heavy chains. These are Gheel, and the Timarhané, at Constantinople. At the latter a man was chained by

the neck to the wall. At the former the chains were in the form of fetters; and, in one instance, the large iron rings encircling the ankles had abraded nearly all the skin beneath them and rested upon a raw and bleeding surface. The man wearing them started up from his grassy bed beneath a hedge, as, upon turning a corner, I suddenly and unexpectedly came near him, when rambling from the village toward the church of St. Dymphna. Whether the good saint, during her mortal life, approved of this method of security from elopement, neither history nor legendary lore can tell. But, so far as these cases illustrate that which has been denominated the "free air plan," they are open to the comment that the insane can anywhere be permitted to have free air by taking away from them free legs.

At one of the houses, a patient slept in a place which, wherever situated in the building, no New England farmer or mechanic would think fit for the lodging of any of his household, other than the cat or the dog; and, as it was, it was too far out of the way even to be thought of for that purpose. It was a low, three-cornered opening in the attic, formed by the floor, the slanting roof and an adjacent room. Ascending a ladder to reach it, the patient was obliged to crawl into it upon all fours, and there he found his bed of straw. The question naturally arises,—If, in the comparatively small number of houses that I visited, there was *one* such dormitory, how many were there in the whole commune?

I do not doubt that a large proportion of the insane at Gheel are treated kindly; and Dr. Parigot, who knows the place more thoroughly than any other person whose writings upon it are familiar to Americans, attests to the benevolence and the beneficence which are there manifested. But, while admitting and acknow-

ledging this, it cannot reasonably be denied that the primary and principal motive of the persons who receive the insane into their families is the prospect of pecuniary profit. And as the Gheelois are probably like other people, the tendency will be to make the most of their opportunity. Taking this in connection with the fact of the existence of the class of brokers, as above mentioned, it may readily be perceived that the Gheelois method, as it there exists, has too strong a resemblance to the old practice of setting up at auction the board of the town's poor, and selling it to the lowest bidder.

But a very few years before my visit, the chief officer of Gheel—the burgomaster—had been waylaid and killed by an insane man; and, at some former time, the life of a child had been taken by another patient.

These acts of homicidal violence are not mentioned in special condemnation of the plan of colonization. The history of even the best class of hospitals is but too often checkered by similar events; and, in them, patients have killed not fellow patients alone, but attendants, and in one instance, in Germany, the superintendent. It is desired merely to show that the method at Gheel does not *prevent* those fatal occurrences.

From what has been said it is evident that the whole picture of Gheel does not consist in a fanciful foreground of the legend of St. Dymphna. In my view the most important objection to it, as a method, is, that there is greater liability to the abuse of patients than there is in hospitals. The more the insane are segregated and scattered, the less directly can they be subjected to supervisory inspection; while, on the other hand, the number of caretakers is increased, and consequently the probability of abuse correspondingly augmented; for among ten persons, anywhere, the chances of a cruel master are twice as great as among five persons.

But perhaps the most decisive of all arguments in regard to the method in question, is the fact that, although Gheel, as a colony of the insane, has existed for a time "whereof the memory of man runneth not to the contrary," it has never been copied. Situated at a point almost central between the observing French, the philosophical Germans, the religious and cautious Scotch, and the practical English, it has remained, in effect, almost as unnoticed as if it were unknown, throughout the three-quarters of a century during which each of those peoples has been engaged in establishing, enlarging, and improving the hospital method of treatment. Is it possible that the physicians and the philanthropists of all those countries have been thus long groping in the dark, and that not until so late a period has the sun-light of truth fallen upon them as reflected from the humble church of St. Dymphna?

4. An institution occupying a middle position between the two extremes—a hospital proper and the Gheelois method—has commanded the approbation of a not inconsiderable number of psychologists and humanitarians, and already some establishments conforming, to a greater or less extent, to this idea, are in operation. The cottages disconnected from the main building of the McLean Asylum, and furnishing a suite of rooms for each inmate, illustrate the first step of departure from the hospital proper in the direction of the Colony. But perhaps one of the best illustrations of the kind of institution in question, is the asylum and so called colony of FitzJames, at Clermont, in France. This is a private establishment, owned and conducted by the brothers Labitte. Upon, or connected with, a farm of five hundred acres, are three large buildings, accommodating about twelve hundred patients. One of the

buildings is a hospital, or asylum, occupied by those who, for any reason, require restraint. The second is devoted to boarders for whom especial restraint is unnecessary; and the third, to the similar class of paupers. These buildings are furnished each according to its necessities for treatment, and the social position or the pecuniary means of its inmates. There are commodious out-houses, workshops of various kinds, and diversified means and facilities for the amusement, entertainment, recreation, and employment of the patients.

So far as manual labor is concerned, this is, to a great extent, an independent and self-sustaining institution. Domestic industry prevents the necessity of much foreign aid. The extensive farm is cultivated chiefly by the patients, and the grain is ground upon the premises. Regarding the place with a special view to treatment, we find that, in its daily operations, "There is," to use the language of Dr. John E. Tyler, who recently visited it, "a constant interchange going on between the departments. If a person becomes restless, or boisterous, or unmanageable, in the colony, he is taken to the asylum. When one in the asylum becomes quiet and can be entrusted with his own liberty, and is capable of labor, he is at once transferred to the colony; and this is felt to be an incentive to self control by the inmates of the asylum."

5. It has been proposed to place the quiet incurable insane in families which, wherever situated, will receive them. This plan has been pursued to some extent in Scotland and in France. It differs from that at Gheel, principally in the wider separation of the insane. The greatest objections to it are: first, that the wider separation renders inspection by superior authorities more difficult, and consequently less efficient; and, secondly,

that the primary and strongest motive on the part of those who receive the insane, will be pecuniary recompense. Doubtless a large part of those who might thus be distributed would fall into hands moved to gentle usage by not unloving hearts. But when we remember the very prevalent distrust, nay, even *fear* of the insane, it does not appear probable that philanthropy alone, or even to any very considerable extent, will induce people to receive them into their households. At all events, progress in that direction must be slow.

Having thus very imperfectly noticed the several propositions, I proceed briefly to indicate my views in regard to the most appropriate disposition of the afflicted class whose welfare is under consideration. And here it may be premised, that the insane are not, like the victims of Procrustes, to be all brought to the requirements or conditions of one place or position. Hence the different classes of them may be cared for in several ways.

1. Some of the quiet incurables are as well provided for in their own homes as they could be elsewhere—and there they can remain.

2. There are not a few, who, having no homes of their own, or who, for some special reason, cannot well be cared for at their homes, but who do not really require the seclusion and the restraints of a hospital. These might well be placed as boarders in country families. Indeed, I think that some who are now in the hospitals might be so placed without danger to other persons, with no detriment to themselves, and, in some instances, with an augmentation of their content.

The propriety of this disposition of them is, of course, dependent upon the assumption of requisite qualifications and conditions of the families with which they may be domiciled, and that all for whom this pro-

vision is made shall be under the supervision of men delegated to the duty by the government of the commonwealth.

3. But, after the disposal of the two classes above-mentioned, it will still, as I believe, be found that the great mass of the insane can best be provided for at institutions where they will be so congregated that the custody, care and supervision of them will be comparatively easy. There must be hospitals for the curable, if for no others; while, for the incurable, there must be either hospitals, asylums, colonies, or institutions containing some of the characteristics of the hospital and the colony.

But the method of colonization, as practiced at Gheel, even were it commendable, is probably impossible in this country. The active and enterprising Yankees, with bridle upon steam and a halter upon lightning, yet still whistling and chafing for greater speed, are not the quiet Flemish, plodding through plains of sand in the horse-cart ruts of ages. Whither shall we go, in any of the New England States, to find the township of ten thousand inhabitants who will harbor from a thousand to fifteen hundred insane persons, feed, lodge, clothe, protect and otherwise care for them, not, indeed, for fifty cents each, per week, as at Gheel, but even for three dollars and fifty cents, the sum paid by the commonwealth of Massachusetts for this provision for its beneficiaries in the State hospitals? The insane colony, here, I believe to be, for the present, essentially an impracticability, and hence discard it from further notice.

At this point, if you will pardon me for quoting from myself, I desire to introduce an opinion published in 1852, after an examination of German hospitals, and a perusal of much that had been written in the Germanic countries, upon the question of separation of the

incurable from the curable insane. That opinion is as follows: "It appears to me that the true method to be pursued in regard to lunatic asylums, is this: let no institution have more than two hundred patients, and let all receive both curables and incurables, in the natural proportion in which applications are made for the admission of the two classes, from the respective districts in which these institutions are located."

The only modification to this plan which I would now make, is, an extension of the limits of the number of patients to two hundred and fifty; and this is permissible only because of the large proportion of incurables among the existing insane.

So far as relates to character and extent, hospitals of this description are model institutions. The plan appears to me the best of all plans. In no other way can the insane be so well and so effectively treated, their protection secured, their comfort assured, their general welfare promoted, their contentment approximated, and the greatest probability of their restoration attained. The superintendent can obtain a sufficiently thorough knowledge of the case of every patient. Inspection by him may be frequent. All the details of treatment, both medical and moral, may be known to him, and hence the greatest efficiency secured. All the labor of which the patients are capable may be obtained as easily as under any other plan, and a large part of it may be devoted to the care of the curables, the sick, and the excited, thus materially diminishing the necessity for paid employés.

Any desertion of this plan of treating the insane appears to me to be a desertion of the principles of true Christian philanthropy and beneficence. There can be but one excuse for such abandonment, and that is, pecuniary expense, the rude touchstone to the severe

test of which all schemes of benevolence and of human improvement are brought. Under one roof, and with one household organization, five hundred persons can be supported at a cheaper rate, *per capita*, than two hundred and fifty persons;—and hence five hundred it must be. This is the first departure from the true method, and this departure has already very generally been made in this country. “It is the first step that costs.” The next step in the same direction naturally follows. The chronic and the incurable insane *can* be maintained at a less expense than is required for the best treatment of curables. Hence the two classes must be separated. So saith cold calculation.

The brief limit of time forbids any further development of the objections to separate establishments for incurables, further than to ask if we may not learn something from the Germans, who, after the subject had been subjected to exhaustive discussion, came to the practical result of constructing nearly all of their largest and most recently erected institutions, upon the plan of treatment of both classes under one roof, although the two are in separate departments.

Believing the true colony not only open to serious objections but as infeasible at present; regarding the institution of distinct asylums for the incurable as detrimental to the interests of the insane, for reasons already given, as well as for the very great doubt that the two classes can be properly cared for more cheaply separate than together; recognizing, with sincere regret, the fact that the plan of small hospitals has been practically relinquished, and yielding to that result, only because the power which produced it is so strong as to bid defiance to any available resistance, I approve of large hospitals, those which accommodate from three hundred to five hundred patients, as the best practicable plan for

the care of all the insane who must be congregated. This plan I would pursue so long as the number of incurables is not very largely disproportionate to that of curables. When, however, the former greatly preponderate in numbers over the latter, rather than widely to separate the two classes I would adopt that style of institution which unites the characteristics of both the hospital and the colony. The principal building should be a hospital commensurate in its perfection with the knowledge of the time. The other buildings for patients should not be far remote; neither should they be so large as those at Clermont. The dimensions, the internal arrangement, and the furniture should be adapted, in each instance, to the condition and the circumstances of the patients for whom the edifice is intended.

The facilities for a transfer of patients from one building to another, according to their variations of condition, are of very great importance as a recommendation of this form of institution. This advantage alone should forever forbid the thought of isolated asylums for the incurable.

If, then, it should become necessary for the commonwealth of Massachusetts to enlarge her provisions for the insane, the object may easily be attained—and the experiment is not unworthy of a trial—by the erection of minor buildings upon the farm of one of the existing State hospitals.

ADMISSION TO HOSPITALS FOR THE INSANE.

Since the general establishment of hospitals for the insane as a necessary and chief link in the glorious chain of Christian charities that characterize modern civilization, and the prevalence of a more critical observation and study of the wants and treatment of the insane, developing their condition as purely one of disease more or less tractable by human skill, many old provisions of law and usages, well enough adapted, perhaps, to the old state of misunderstanding of the subject, have vanished before the light of a better experience and an advancing humanity. Insanity is no longer regarded as a *quasi-crime*, punishable by chains and dungeons, and by such a penurious provision for mere animal needs as would hardly be offered to the beasts of the household and yard. We no longer consider hospitals as Bedlams, but as sanative retreats, where there is only such considerate restraint as may conduce to the restoration of health or the assuagement of disease. Kindness has taken the place of indifference, neglect, and cruelty; and the insane are not indiscriminately regarded as *furiosi*,—one and all madmen,—on whom sympathy would be wasted, and who have no sensibilities left amidst the wreck of their faculties.

Insanity being a proper physical disease, it may be asked why should the law make any different provision respecting it from what it makes respecting other diseases? As a general thing, other diseases, except those of a highly contagious type, do not call for civil interference nor court publicity. We do not demand a commission or an inquest to decide whether a man has a fever raging into delirium, or whether he has a gen-

eral paralysis, or whether a surgeon shall be permitted to amputate his limbs or trepan his skull; whether a mother has a puerperal fever; whether an invalid shall be reluctantly banished to the West Indies or to some Arctic region, because he is consumptive; or, because he is scrofulous, shall be relegated to some doleful Spa to be drenched or bathed, against his stomach and will, in sulphurous distillations from the bowels of the earth,—or deeper. If we find a man sick or wounded in the street, we take him forthwith to the nearest hospital, without stopping to canvass our legal right to restrain him of his liberty. We act upon an impulse of humanity, and the reciprocal obligation of doing as we would be done by. But if a man is attacked with the disease of lunacy, he is not sure to be left to the care and watchfulness of his family, and the privacy of domestic treatment and nursing, under the customary advice and charge of the household doctor; but is liable, on the instance of some suspicious relative or friend, against the wishes and judgment of the rest, to the questioning of the law and its ministers. The civil authority is appealed to to take the custody of him. We are thus forced to give the case a publicity that may defeat a recovery, or we are stimulated to procrastinate dangerously in the hope of avoiding exposure, or are put to the expense, torture, and delay of an inquisition to establish the delirium or the lunacy which obviously enough exists upon the face of it. To require formal investigations where no question of legal obligation, of violence, of public danger, or of criminality is concerned, is worse than superfluous: it is inquisitorial and inhuman. The family and friends of a diseased person are not apt to omit any promising remedy or relief, or to object obstinately to the advice of a faithful physician. Whether he recommends exclusion of company

and the privacy of home, or the restraints and orderly care of a hospital, there is no more reason why a magistrate or the civil authority should inquire into the treatment, before it is deliberately impeached for cause, than there is for rescuing a patient from the hands of a skillful surgeon who is binding him to an operating table to perform an amputation which may save his life for a period, albeit at the risk of losing it at once.

In nine cases out of ten,—nay, in ninety-nine out of a hundred, to hit near the truth,—of lunacy or any other disease, the advice of an experienced physician will be safe to follow when he judges that a patient should go to an asylum for treatment; and if the controlling part of the family concurs with him, not perhaps cordially but permissively, it is difficult to perceive that anything further is necessary, in the same number of cases, except that the proper authorities of the asylum should also concur in that judgment and receive the patient, upon the ordinary arrangements for maintenance. When a reasonable doubt or a dispute arises, it will be time enough to appeal to the law and its enginery, and let the tenth or the hundredth exceptional case undergo the painful publicity and trouble of an inquisition, without forcing the nine or the ninety-nine that need no exposure, into the same unhappy predicament.

But if a legal examination must needs be had, we see no sufficient reason for distrusting the old familiar mode of inquisition by a jury. It is not likely that a departure from that would be satisfactory to the popular mind and feeling of this country; for there is doubtless, with all the real and speculative objections to it, a great tenacity for that mode of ascertaining facts that touch life, liberty, or property. We much doubt whether a simple commission of professional men, with-

out a jury, would not give more cause for suspicion and distrust, than a naked commitment by relatives and friends, under the advice of a physician, without any form of examination. By the common law, the courts always appointed a commission; but the commissioners were never allowed to come to a conclusion of themselves, although they might be all lawyers or doctors of medicine, or both, or neither, as the court might choose. The old writ *de lunatico*, originated in times when there was perhaps less reluctance respecting formal inquisitions into private affairs than now exists, but when also there was less chance for publicity. The knowledge of such proceedings was commonly confined to the vicinage, and did not gain that newspaper notoriety which is the shame of these days, and which makes any one but a politician or a quack dread to do or suffer any thing, however trivial, lest it be forthwith the common theme of busy and scandalous tongues. Then it was easier to get into the hospital than into the newspaper; now it is harder to escape from the newspapers than from the hospital. Then, moreover, the asylums were the *inforced* refuge of only the violent,—the furiously mad; everything being for restraint, and little or nothing for cure or comfort. Now the asylum is a sanitary retreat; and it seems to be the policy of modern legislation to favor that purpose by giving a preference to new and curable cases, and put insanity, more and more, on its proper footing of a physical disease.

The writ *de lunatico* always demanded a jury, and does to this day. A jury is the long recognized tribunal for ascertaining facts, which the law deems of importance enough to be verified; and notwithstanding the present proneness to doubt everything, object to everything, and upset everything, there is such a

stiff undertow of popular confidence in juries, instinctive almost in all nations of Northern blood, that it will be difficult to secure the same satisfaction, amongst a people so strongly veined with it as ours, from any other mode of ascertaining them. Every man demands the judgment of his peers, rather than trust to the technical closeness and nicety of professional men; and lawyers tell us that it is very difficult, in cases where facts are the issue, to persuade clients to submit themselves to such optional substitutes for jury trials, as tribunals of conciliation, single magistrates, and special commissions. So vigorous yet is the spirit of the common law.

There are some cases of nascent or undeveloped insanity which may be detected by the prognosis of a shrewd observer in time to check them by a prompt and unhesitating preventive treatment, which cannot await formalities; others where insanity is very strongly and truly suspected, but is not obvious enough for proof, and will not suffer delay; and others, which though obvious enough, require such a delicate and careful, and even covert treatment, that any discoverable interference or the apprehension of it, might defeat the purpose by confirming the disease. These should be regarded with an eye to their sanability rather than to their legal custody. They are often the most promising cases for the success of medical skill, and should be implicitly left to it. They may be checked, or matured, according to their handling, and none is so capable of judging of that as the medical man. In all such cases, there seems to be no occasion whatever for any interference of authority; and no obstacle, legal or conventional, should be allowed to oppose or hinder, but every inducement offered to encourage, their easy admission to a proper hospital, if

that is recommended in preference to private treatment, by the physician in charge of the case. His written request or certificate, assented to by the proper officers in charge, should be a sufficient *prima facie* authority for the reception of a patient.

Our primary regard is the benefit and cure of the patient, and the feelings of his family and friends, to which end we insist that a free and prompt access to a hospital should be allowed without any preliminary formalities of a dilatory or expensive character, and without needless exposure. As a general rule, a superintendent will on inspection and private inquiry recognize such cases as are fit, and detect those which are not fit, for his charge; and has, if he is qualified for his place, such judgment and discretion as will command confidence in his conclusions. As a general rule, too, the wishes of the family and friends, unless an improper motive is apparent, should have full credit as being earnest for the welfare of the patient, and the exceptions to that being unnatural and unusual, should not be presumed to exist in the face of a common and universal experience to the contrary.

A certificate or written request of an attending physician, or his personal appearance with the patient, should therefore, in ordinary cases, be sufficient to authenticate an application to the authorities of an asylum; who, if their own observation or knowledge of the patient confirms the belief that he is insane or a suitable subject for treatment there, should admit him on proper provision being made for his maintenance. When a mistake or a fraud is discovered, a removal may be summarily and quietly managed by the authorities misled or imposed upon, or if need be on their application to a Judge, who might require the committing party to provide for the case according to the

circumstances. If the patient be found sane, it is of course unlawful to detain him, and no formality is requisite.

Notwithstanding the general satisfaction that exists in communities where asylums have been long enough established to familiarize the people with their beneficial purposes and results, in the custody and treatment of insane persons, there is still in some parts of the country a lingering old-fashioned traditional prejudice against them. The officers are watched with suspicion and distrust, and there are not wanting those who take a grim pleasure in questioning their management, and resorting captiously to the legal weapons of *habeas corpus*, vexatious suits for damages, indictments, and legislative inquiries. It is natural enough that such officials should desire protection against such petty ebullitions of dissatisfaction and spite; but it is questionable whether any legal protection can be suggested which will not operate worse upon patients and society than the annoyances do upon those who are liable to them. Probably every asylum in this country has at some time suffered from this kind of persecution and mischievous interference; but experience shows that in proportion as the public benefit of such institutions displays itself, and the conduct of them becomes familiar, the community is disarmed of its apprehensions and prejudices, and the management is first tolerated, and then approved and respected. The notion of a secret tyranny and cruelty of treatment, of an undue infringement and restraint of personal liberty, and of an indiscriminate discipline of stripes and fetters, soon resolves itself, unless there be gross mismanagement and undue rigidity, into a persuasion of the necessity and benefit of order, quiet and strictness in the regimen of such establishments. The idea of chains and prisons

vanishes at the actual sight of the comfortable provisions for the protection, enjoyment, and cure of the patients; and those who first enter with prejudice and misgivings to examine the condition of such a retreat for disease and misfortune, go away with blessings on their lips for the humanity which has provided it, and the gentle vigor which governs it. It must be a rough community, indeed, that is not soon softened into a disposition favorable to those having such a noble charge; and whatever annoyances may grow out of unfamiliarity will disappear with time. All the old asylums of the country have safely encountered and survived prejudice and petty persecution; and all the new ones may undergo the same experience. Any legislation upon the subject would therefore seem to be of doubtful efficiency, and likely to be attended with annoyances of its own as insufferable as any it seeks to obviate.

The statutory regulations of the several States respecting the admission and discharge of insane patients, vary sufficiently to have suggested the idea of a more uniform legislation. If there is anything wrong in any of these regulations, the same authority which has prescribed, has the power to revoke them; but it is doubtful whether the most exact uniformity would really be any more favorable or efficient than such a diversity as is adapted to particular customs, feelings, prejudices and habits of the people. In some States there is a confirmed satisfaction with what exists; in others, the common sentiment has not as yet ripened to the same maturity, and there is a contest for less restraint on one side, and more responsibility on the other. These are local difficulties not capable of any universal adjustment. The most that can be done is to affirm and reiterate some general principle that commends itself to

intelligent approbation, and to leave it to make its way among men of sense and influence, as all good general principles will, until it becomes the common sense of the community.

Although insanity is a disease to which every man is liable, a feeling prevails regarding it obviously different from any that prevails regarding most diseases. It is so incapacitating, and involves such complete dependence; its effects upon the civil and social condition of a man are so distinctive; and it is the subject of so much popular apprehension and horror, that it demands a consideration, especially if a cure is expected, that is peculiar to itself. There are some diseases, it is true, that are somewhat akin to it, in the particular of a wish to conceal them entirely or limit the knowledge of them to the smallest circle; but there is none that, like it, affects the condition of the mental faculties, except the gradual decay of old age, which is the unconcealable prostration of all human activity and aspirations; an inevitable decrepitude, that excites little remark because it is but the cloudy obscurity of nature shrouding for the repose of death, at a period when such a termination produces no surprise and disappoints no calculations.

The affecting case of Charles Lamb and his sister Mary is an example of the good sense and delicate privacy with which insanity may be treated, and in the generality should be, notwithstanding an occasional clamor stirred up by some unfortunate instance of abuse or fraud or conspiracy in commitments. Lamb himself, about the period of manhood, voluntarily or involuntarily, spent six weeks, "very agreeably," he says in a letter to Coleridge, "in a mad-house at Hoxton. * * Mad I was! And many a vagary my imagination played with me, enough to make a volume, if all were

told." In a subsequent letter he says, "I look back upon it at times with a gloomy kind of envy; for while it lasted, I had many, many hours of pure happiness. Dream not, Coleridge, of having tasted all the grandeur and wildness of fancy till you have gone mad! All now seems to me vapid, comparatively so." Lamb was then a clerk in the India House, but his insanity seems not to have been known there, or, if it was, it did not affect his standing; for he remained and rose in that service, irksome enough to him indeed, till near the end of his life, when he retired on a comfortable pension. There was never a recurrence of the disease, nor was the knowledge of his early confinement ever so blazoned as to subject him to mortification on account of it. Had it met with a different treatment,—had he been committed to guardianship, or exposed to an inquisition, the effect upon such a sensitive mind as his might have been to confirm his madness, and to deprive us of that delightful display of genial pleasantries, exquisite criticism, unique essays, quaint and fine humor, and innocent merry jests and quips that the remaining forty years of his life produced for our enjoyment; and better than all, of that wonderful instance of unselfish and brave fraternal devotion which was so soon to be evoked. The next year after his own confinement and recovery, happened that fatal frenzy of his sister which provoked the homicide of her mother, and dismayed their unhappy household. Such an act of violence, imperatively demanded, of course, a formal inquest and her confinement to a hospital, of all which she was unconscious until her recovery. Her brother was then allowed to assume the sole charge of her, and for the rest of his days they lived together, without interference of the neighbors or the authorities. Often during those forty years was it necessary for her to seek her

old retreat; and she was always prompt to detect the symptoms which forewarned her of a recurrence of her disease, and to pack up her strait-jacket and other conveniences in anticipation of it; and when the inevitable occasion came, she invited her brother to accompany her to the hospitable asylum, whither they went hand in hand, and weeping, seeking the "gift divine of quiet sequestration." No officiousness interrupted or mortified them; no formal examinations of magistrates; no inquisitions of commissions or juries; no impertinent questionings; no newspaper remarks. It is somewhat to arrest our attention in these days of indelicate and unbounded license and impertinence, that even the proceedings on the inquest respecting the homicide of her aged mother, although published in some of the journals of that day, were obscurely printed, naming no names to identify the parties; and the whole was so feelingly and kindly done, and so soon forgotten, or kept so sacredly quiet, that although Charles Lamb became noted enough as a literary man to attract much observation and curiosity, it was not until after the death of both that this story of himself and his sister was divulged outside of the narrow circle of their intimates—such names as Wordsworth, Southey, Coleridge, Hazlitt, and Talfourd—who kept the secret until silence was no longer necessary to save any sensitive feelings. We wish all in a like situation to have the advantage of a like forbearance, and a like privacy and tenderness of regard. The thing most dreaded is the calamity of meddling tongues, and idle, unfeeling observation. Such griefs are of that sacred kind that while they force compassion, they shun notoriety, and are most grateful for silence and obscurity.

Mary Lamb's was a case of long lucid intervals, during which she acted with all the discretion and sensi-

bility of one who had fully recovered the placidity of her mind, except as it might naturally be ruffled by reminiscences of the past or apprehensions of the future. It would have been monstrously inhuman to have required her brother or her friends, on every frequent outbreak of her disease, instead of leaving them the free resort of the usual retreat which was her proper medicine, to undergo the scrutiny of a magistrate, or of some special legal investigation. Instead of a protection, it would have been a destructive infringement, of personal liberty. Such a necessity might have turned her case into one of continuous and confirmed lunacy, or have been a constant oppression and disturbance of her lucid intervals, which were intervals of pleasant domestic quiet and social enjoyment, refreshing her vigor for the better endurance of the attack which might seize her with the slightest warning; "those dear intervals," says Wordsworth, (spent with her brother,)

—— "nor rare nor brief,
When re-united * * —they were taught
That the remembrance of foregone distress
And the worse fear of future ill, (which oft
Doth hang around it, as a sickly child
Upon its mother,) may be both alike
Disarmed of power to unsettle present good
So prized" ——

Had some inquisitorial formality been exacted before she could make her customary visit to her sanative retreat, it would have shocked her sensitive rational mind into dangerous solicitude, and would have needlessly oppressed her equally sensitive voluntary guardian and brother, who had a great horror of Bedlam as contrasted with the privacy and gentle treatment of the wonted asylum. It was to keep her out of horrible Bedlam that he made the great sacrifice of his domestic

aspirations, and assumed the charge and protection of her as his special life-long trust, which he discharged with the greatest tenderness and devotion, such as caused his friend Wordsworth to exclaim,

“O he was good, if e’er a good man lived.”

It would have been a manifest indefensible barbarity to meddle with their own discretion, and make a periodical hue and cry on every fresh accession of her infirmity, as if she were an escaped thief or a mad woman broke loose,—she

“—— the meek,

The self-restraining, and the ever kind.”

The old maxim that it is better that ninety-nine guilty men should escape rather than one innocent man should suffer punishment, is a maxim applicable to crimes which we are not disposed to controvert; but the spirit of it does not cover the treatment of disease, or require that ninety-nine insane persons should be deprived of the free benefit of a suitable treatment because the hundredth may be surreptitiously restrained of his liberty. The casual and exceptional instance of that stamp should not be provocative of a general embarrassment and injury to all the rest, nor provoke the suspicion that all real disease may be a sham or a trick of conspirators, in which the family and the family physician are concurring. There is an occasional scoundrel of a doctor to make false representations and certificates, as there is an occasional scoundrel of a lawyer to betray his clients, and as, for that matter, there is also an occasional scoundrel of a more generally unsuspected profession than either, who belies both God and man. We might perhaps admit, out of deference to a leading apostolic precedent, that there may be one

in twelve of all these to be a Judas to his profession; but we should not, therefore, act and legislate as if no faith or trust should be placed in the rest. It is eminently right to provide reasonable and efficient safeguards for personal liberty; but we do not perceive that the disease of insanity demands any more stringent protection than the imbecility of infancy with its unfledged faculties or of old age with its decayed ones. A violation of the rights of all is an offence which only needs detection and complaint to command ample redress, by existing law, in all civilized communities.

CLINICAL CASES.

REPORTED BY W. KEMPSTER, M. D.

CASE I.—*Abscess of Brain.*

J. W., aged 31; single; farm laborer; was admitted to the New York State Lunatic Asylum, December, 1867.

Patient is said to have had a previous attack of insanity, and to have been treated in an asylum; but the particulars are not known. Has been for the past six years employed by the informant, who commends him highly as a temperate, industrious, faithful and intelligent man. He is said, however, to have been prone to illicit sexual intercourse, and to have been troubled with seminal emissions.

Two years ago he was first seen to have what was called a fainting seizure. He became unconscious for a moment, and fell.

These seizures were repeated at long intervals, but never, so far as known, under such circumstances as to

lead to his bodily injury, or unfit him for his ordinary labor. About the first of August, 1867, he was struck on the head with a club, and rendered insensible for several hours. Soon after this he began to complain of severe headache, and pain in his bones. He kept about his work but was easily fatigued, and often compelled to sit or lie down for a time. At these times complained of vertigo, partial blindness, flashes of light, and the severest headache. He was often observed to be confused in mind, and complained that his sight was failing. In putting out his hand to take anything, would reach to one side of the object, or perhaps in an opposite direction. In reply to questions, would wander from the subject after a few words, and talk of something quite irrelevant. Paroxysms, usually happening at night, came next. In these the headache was excruciating, so that at times he was delirious; blindness was more complete, and there was persistent vomiting of blood and ingesta. On admission he spoke slowly, and occasionally failed to utter the right word. Appeared drowsy, and the countenance had a look of pain and anxiety. He manifests no delusions, and no moral perversion has been noticed.

The pain in his head was described as dull and heavy. His sight was seriously impaired, and it was with difficulty that he could distinguish objects. The sense of hearing was not impaired: appetite poor; cannot sleep well; pupils dilated; no paralysis.

December 23d. Appetite improved; is less depressed than when admitted; still complains of headache. His gait is uncertain, and when his eyes are shut can hardly walk at all. Is dull of apprehension, and in reply to questions, only a few words are relevant; becomes confused, and at length incoherent; says his headache is less severe than at first. January 7th, 1868, has paral-

ysis agitans right side; is unable to see distinctly; in bed; has severe headache; speaks slowly and with difficulty. January 17th, vomits grumous blood, mixed with mucous. February 1st, whole of right side of body in constant motion. February 10th, unable to sit up; is losing mental strength rapidly; mind is constantly confused; paralysis less marked than at first. February 13th, had a severe paralytic attack, preceded by vomiting. February 15th, attacks of paralysis are more frequent; fears that something is going to fall upon him. February 28th, is entirely blind; pays no attention to persons or sounds; grows weaker; has difficulty in breathing. March 1st, continued to grow weaker through the night; difficulty of breathing increased; the night watchman reported his having snored loudly (coma;) and at five and a half A. M. died.

March 3d, at request of friends autopsy held. On exposing the cranium, the pericranium was found thickened over the region of the posterior fontanelle. No unusual attachments between calvarium and dura mater; the latter bore evidences of previous inflammation, as did the upper surface of the cerebrum; more vessels being visible than is usual; they were also larger.

On removing the brain an abscess was found situated in the left middle lobe of the cerebrum; the arachnoid and pia mater being already destroyed, and the dura mater implicated. Upon turning the brain over (upside down,) an opening was found extending from the crus to the posterior margin of the cerebrum. The opening was two inches in length and one-half an inch in width; the edges were not well defined, the intermediary material being composed of pus and broken down brain substance. The brain was sliced from top to bottom, and the extent of the abscess became apparent. Almost the entire white portion of the left

hemisphere of the cerebrum was destroyed, its place being filled with a thick, greenish pus and debris. It was five inches in length, two and one-half inches in width, destroying corpus striatum, thalamus opticus, corpus fimbriatum, corpus callosum, pes hippocampi, and a mere trace was all that could be found of the choroid plexus. It had followed the course of the middle cornu, and destroyed the white substance adjacent. Anteriorly it had extended beyond the limit of the ventricle, effacing all traces of it in that quarter. The septum lucidum was destroyed, opening the third and fifth ventricles. Passing through the foramen of Monroe, the liquor puris entered the right ventricle, and the disease had destroyed the white medullary substance in that locality, filling the ventricle with a straw colored serous fluid.

On the floor of the right ventricle, near where the anterior cornu passes off, were two prominences, one the size of a large pea; the other, about the size of a common white bean. The latter, on being opened, was found to contain a blood clot, not encysted; the former seemed to be simply an excrescence pushed up from the floor of the ventricle. The choroid plexus was found diseased at the point where it enters the right ventricle, implicating the plexus for half an inch. In the lining membrane of the ventricle, numerous large vessels were seen, and the whole membrane was of a decided pink tinge. The aqueduct of Sylvius had been opened, and a mass of purulent material had filled the fourth ventricle, contaminating its walls and plexus, forming a centre of disease in the cerebellum.

The anterior part of the optic lobes (*tubercula quadrigemina*) of the right side, were of a pink color, and although surrounded with pus, they appeared to have resisted the disease. The left crus cerebri had been

attacked, and a suppurating surface was found upon its outer layer nearly one-half inch in diameter.

At various points on the walls of the abscess, small blood clots were found, but there were no indications of a hemorrhage. The pus and debris in the main abscess was of a green color, without appreciable odor, and very thick.

Between the 1st and 13th of February, the paralysis agitans subsided, and the paralytic "seizure," mentioned on the 13th, was general paralysis. These attacks were always preceded by vomiting, and became more frequent toward the last.

It will be seen that from the first his speech was materially affected, yet the disease did not extend to the third frontal circonvolution of the left hemisphere, where M. Broca locates the organ which presides over the function of speech. Nor in fact was any of the gray matter of the frontal lobe implicated; and posteriorly only near where the opening of the abscess occurred. With so much of the brain structure destroyed or involved, it is somewhat remarkable that no other manifestations were apparent, or indeed that the man's life was prolonged.

CASE II.—*Softening of the Gray Matter.*

J. B., aged 30; single. Was admitted February, 1868. The following history was given: Has always borne the reputation of a "kind-hearted, honest and faithful man; not addicted to drink, but chewed great quantities of tobacco." About May 1st, 1867, he began to entertain enlarged ideas of property, and boasted of entering into extensive contracts. After about two weeks, he became apparently rational; subsequently, however, he grew dull and stupid; gave evidence by his actions that his mental faculties were failing. About

the last of January, 1868, he began to talk to himself, laughed immoderately, without apparent cause, and paid no attention to what was said to him. He then became alternately violent and calm; at times recognized his friends, at others disregarded them. Refused food, and was restless at night.

Soon after admission to the asylum, had several convulsive seizures, in which the muscles were forcibly contracted; but they passed off without apparent inconvenience to him. Speaks in monosyllables; is stupid; takes no notice of any one or anything. Is in bed most of the day; when up he walks the hall in an excited manner, making gesticulations without speaking. Subsequently became filthy in habits; passed his feces and urine in bed, and did not seem to have any appreciation of the fact.

February 13th, had a tonic spasm; the body distorted, legs and forearms forcibly flexed; the spasms returned frequently during the twenty-four hours, each lasting from half an hour to two hours at a time. On the 22d, was detected in self-abuse. 24th, eats and sleeps well; refuses to stand; is persistent in the habit of self-pollution. March 3d, spasms continue, but less frequent and severe than formerly; moves his lips, but does not speak. March 17th, in much the same condition. When attempts are made to raise him up, he flexes his limbs, resists, and will not allow himself to be dressed. The bodily functions are performed regularly. Does not reply to questions. May 6th, has occasional convulsions, and speaks a few words intelligibly. Up to the present time he has lost flesh rapidly, but his appetite is good. May 12th, spasms have occurred more frequently since last date, and there has been more muscular rigidity. Evacuations made in bed, apparently involuntarily. May 20th, is losing flesh and

strength rapidly; appetite still good, and he sleeps well. May 29th, very weak; has purulent discharges from eyes. June 6th, continued to emaciate rapidly, and died to-day.

June 7th, post mortem examination of the brain revealed the following condition: Scalp adherent to calvarium. The arachnoid was raised from the convolutions, on each side of the longitudinal fissure, by serous fluid beneath. There was also a deposit of lymph lining the edge of the fissure, under the vertex of the cranium.

The membranes were deeply congested, and upon cutting into the superior longitudinal sinus, it was found filled with a firm clot. Upon opening the membranes the anterior lobes of the cerebrum were adherent to the dura mater by fibrous bands; the dura mater was firmly attached to the frontal bone and orbital plates; the bands were dissected off, and the brain separated from the membranes very readily. When the brain rolled out the optic nerves appeared to stretch, and all the cranial nerves separated from the brain substance by tearing out. The gray matter, especially upon the under surface of the left anterior lobe of the cerebrum, was very soft, so much so that the outlines of the convolutions were indistinct. The olfactory bulbs were both completely destroyed, no trace of them remaining. The gray matter was not so soft near the posterior lobes, but it was much softer than usual, and darker than normal, except where it was broken down.

Upon slicing the brain the medullary substance was found harder than natural. After the cut surface had been allowed to remain untouched for a few moments, it appeared as though a soft brush dipped in blood had been drawn over it, and had left the furrows made by the hairs filled with blood.

membrane was raised by the fluid beneath. These patches bore a striking resemblance to a blister, having well defined edges. The gray matter of the brain was normal in appearance and consistency. The white matter was very soft and jelly-like, and was devoid of the puncta vasculosa. Both lateral ventricles were distended with serum. The choroid plexus was larger than usual, and was of a deeper color, having apparently been gorged with blood. The spinal canal contained a larger amount of serous fluid than normal, while the cord itself and the membranes were pale.

BIBLIOGRAPHICAL.

REPORTS OF AMERICAN ASYLUMS.

Our last number contained abstracts of some thirty-two different Institutions for the Insane in this country. We now resume the catalogue, hoping to be able to embrace the remainder in this paper.

XXXIII. *Biennial Reports of the Directors and Medical Visitors and Fifteenth Annual Report of the Superintendent of the Insane Asylum of California.* Stockton.

Dr. Shurtleff reports the number of patients October 1st, 1865, as 632: admitted in 1866, 279: discharged recovered 131, improved 8, unimproved 5: escaped 12: died 62: remaining October 1st, 1866, 693. Admitted for 1867, 313: discharged recovered 125, improved 14, eloped 9: died 89: remaining October 1st, 1867, 769. The whole number under treatment for the past year has been 1,006. The mortality seems large at first sight, being nearly 9 per cent. of the whole number

treated. Dr. Shurtleff says, that "the large number of deaths is owing to the extremely low condition of many of the cases when received. Many have been sent from county hospitals exhausted and in the last stages of incurable disease." It appears that 28 per cent. of the deaths were from consumption, and 15 per cent. from general paralysis. The doctor recommends the construction of a high wall or fence around the premises, as tending to diminish the number of escapes. Dr. Shurtleff has a curious passage as to the history of insanity in California, and the question of climatic influence, which he maintains, amounts to nothing. In 1850, two years after the gold discovery, there were but 22 insane in the State. In 1852, out of 124 admitted to the new institution at Stockton, only 3 were natives of California. On this subject he says:

We need not, therefore, look for any single influence to which to attribute exclusively the rapid development of mental disorder in this State. The circumstances of its settlement and growth have been productive of some of the most prolific causes of insanity. It has been said that it sprang forth full grown, like Minerva from the brain of Jupiter. It is, indeed, literally true, that the laws of nature and social life were violated in its earlier settlement. In a few months a great State was formed mainly out of but one of the two essential elements—male and female—of society. The people multiplied, but were not fruitful; neither was the earth adequately replenished therein in the manner directed by primeval command. The equilibrium of the sexes was destroyed, and nature's appointed proportion of each, though steadily approximating, is still un-restored.

The humiliating result, unless our medical witnesses have been too ready to ascribe solitary vice as a cause of disease, is exhibited in a subsequent table. Of all the causes of insanity which appear more productive in California than elsewhere, this debasing habit is the most prominent. But it is quite probable that the extent of this vice, as a primary cause, is over-estimated, as it is frequently but the result of a morbid excitement induced by the antecedent occurrence of cerebral disease.

Fast living, intemperance, disastrous speculations, sudden reverses of fortune, disappointments, separation from family and friends, and an unsettled condition of life, are causes of mental derangement which exist more or less in all civilized countries, but which are supposed to be specially prevalent and influential in California. And to these exciting causes is constantly exposed a fresh population with its susceptible and untried subjects—an immigration of thirty thousand a year to take the place of a returning twenty-five thousand, each human wave casting upon the strand a mental wreck evermore there to remain.

So steadily and rapidly has insanity increased in this State, taxing her charity at this time at the rate of more than one hundred and fifty thousand dollars per year, that it has become the duty of patriot and philanthropist to investigate its causes, and to learn, if possible, those productive influences, if any there be, which are more active here than elsewhere.

The cause to which he so pointedly alludes in the above extract, stands at the very head in his table of statistics, whereas in most asylums in this part of the country, it ranks as sixth or seventh in the number of cases: but as the doctor casually points out, it should be borne in mind that at least five-sevenths of the California insane are males, following the proportions in the population, while in the eastern asylums, the sexes are about equally divided.

We are glad to note the following observation in this report:

California provides for the chronic and incurable, as well as the more recently afflicted of its insane, in the State Asylum. Thus accumulated, the number appears and really is very large. But I trust our State will continue this more humane policy, even should it eventually involve the necessity of multiplying its institutions.

Dr. Shurtleff reports the work on the new building for this Institution in a good state of progress. All the female patients are now received in the new edifice.

XXXIV. NEW YORK. *The Marshall Infirmary.* Troy.

In the Troy Daily Times of February 14, we find an account of the regular quarterly meeting of this Institution, held January 27, 1868. The Report of the Medical Superintendent, Dr. Lomax, was submitted, from which we gather the number admitted into the Insane Department for the quarter ending January 27, as 16: discharged cured 3, improved 4: present number in the Insane Department 102. Since 1859 there have been received into the Insane Department 424—men 169, women 255, of which have been discharged cured 106, improved 69. It is a remarkable feature in the history of this Institution that so many more women are received than men. It does not arise from any regulation, or discrimination. Dr. Lomax speaks of it as a "strange fact" not yet accounted for. The doctor lays due stress upon the means of mental diversion forming part of the internal arrangements of the Asylum, among them a "new theatre," giving a specimen of one of the "bills." He also speaks of the religious services, and their good effect on the patients, and adds:

My opinion, however, accords with that of those who have had long experience in the treatment of insanity. Dr. Gray undoubtedly expresses that opinion in his report for 1866. He says: "Every year's experience more and more confirms my opinion that it is difficult to over-estimate the value of regular religious services and personal visitations through the wards of the hospital by a chaplain who is thoroughly competent, and whose heart is fully in the work."

XXXV. *Annual Report of the New York City Lunatic Asylum, Blackwell's Island, for the year 1867.*

Dr. Parsons reports as remaining January 1st, 1867, 767—men 259, women 508, 18 of the whole number being negroes: admitted during the year 674: discharged 402; died 122; remaining January 1, 1868,

917—men 329, women 588. Of the discharged, 202 were recovered, 115 improved, and 85 unimproved. Here too we observe a great preponderance in the number of women, for which no reason seems to be given. Of all the admissions only 131 were born in the United States.

The record of those who have done a fair day's work shows an average of 160, besides about 120 that have worked part of the time. A vast amount of work has been done on the island by work-house and penitentiary men in building sea-wall, blasting, and removing rock ledges, &c. The hospital for epileptics and general paralytics has been consolidated with the asylum, and placed in charge of the resident physician. On this change Dr. Parsons says:

The propriety of consolidating the hospital with the asylum will appear in a stronger light when it is understood that no less than fifty-five epileptics and a considerable number of general paralytics are now inmates of the asylum on account of mental impairment that renders them unfit for any other Institution; that in the department for epileptics no less than twenty-nine are always, or often, insane, while seventeen are demented to the same degree and in the same sense as are very many of the patients in the asylum; and that in the department for paralytics one is insane and seven are demented, while in the case of many of the others the mind is more or less enfeebled.

Among other changes, the office of warden, or steward, has been created, and an apothecary and a head cook appointed. Of this last Dr. Parsons warmly says:

Of all the new appointments, however, that of cook will not yield in importance to any of the others. Under the new dietary scale, provisions are bounteously supplied, both in quantity and variety. Yet this would be comparatively of little avail, unless the food were properly prepared, both with a view to economy in saving all the nutrient principles, and with a view to its proper adaptation to the purposes of nutrition. When it is considered

that the insane are, as a class, below the ordinary standard of physical health, and that with an improved physical condition we may fairly hope for improvement in the mental condition also, it will, I think, be conceded that the office of cook is scarcely inferior even to that of physician. As a purely economical measure, it is believed that a good cook can make an actual saving of much more than the amount of his salary.

The doctor also gives his "dietary table," and with it a most businesslike account of the way things are managed in this Institution. Altogether this report is one of the most practical and straightforward documents we have seen. While recounting with pleasure the improvements recently made, he points out more that are still needed. The buildings are overcrowded. No less than 304 are obliged to sleep on beds laid upon the floor. This is ruinous, and it is wonderful so small a death rate as eight and a half per cent. is reported. It appears there are not over six wards for either sex. It is hoped the new building contemplated will be pushed vigorously forward.

Dr. Parsons goes at length into the advantages of a regular bath-house for hot and cold bathing for patients, and earnestly urges the erection of one for which he suggests the proper arrangements. On this subject he says:

The above mentioned use of the bath-house is hygienic and curative in a general way. But there are some patients, especially cases of melancholia, in whom the glandular system is torpid and the skin harsh and dry, who would receive much benefit from a bath that would strongly stimulate the skin, and at the same time invigorate the general system. For these the vapor and hot air baths would furnish a means of relief that is now entirely beyond our reach. While the vapor and hot air baths were in use, the ordinary bath room could be so heated as to answer for the preparatory room. With a bath-house constructed to fulfill the conditions referred to above, it is thought that the efficiency of the Institution in securing the comfort, physical health and cure of

917—men 329, women 588. Of the discharged, 202 were recovered, 115 improved, and 85 unimproved. Here too we observe a great preponderance in the number of women, for which no reason seems to be given. Of all the admissions only 131 were born in the United States.

The record of those who have done a fair day's work shows an average of 160, besides about 120 that have worked part of the time. A vast amount of work has been done on the island by work-house and penitentiary men in building sea-wall, blasting, and removing rock ledges, &c. The hospital for epileptics and general paralytics has been consolidated with the asylum, and placed in charge of the resident physician. On this change Dr. Parsons says:

The propriety of consolidating the hospital with the asylum will appear in a stronger light when it is understood that no less than fifty-five epileptics and a considerable number of general paralytics are now inmates of the asylum on account of mental impairment that renders them unfit for any other Institution; that in the department for epileptics no less than twenty-nine are always, or often, insane, while seventeen are demented to the same degree and in the same sense as are very many of the patients in the asylum; and that in the department for paralytics one is insane and seven are demented, while in the case of many of the others the mind is more or less enfeebled.

Among other changes, the office of warden, or steward, has been created, and an apothecary and a head cook appointed. Of this last Dr. Parsons warmly says:

Of all the new appointments, however, that of cook will not yield in importance to any of the others. Under the new dietary scale, provisions are bounteously supplied, both in quantity and variety. Yet this would be comparatively of little avail, unless the food were properly prepared, both with a view to economy in saving all the nutrient principles, and with a view to its proper adaptation to the purposes of nutrition. When it is considered

that the insane are, as a class, below the ordinary standard of physical health, and that with an improved physical condition we may fairly hope for improvement in the mental condition also, it will, I think, be conceded that the office of cook is scarcely inferior even to that of physician. As a purely economical measure, it is believed that a good cook can make an actual saving of much more than the amount of his salary.

The doctor also gives his "dietary table," and with it a most businesslike account of the way things are managed in this Institution. Altogether this report is one of the most practical and straightforward documents we have seen. While recounting with pleasure the improvements recently made, he points out more that are still needed. The buildings are overcrowded. No less than 304 are obliged to sleep on beds laid upon the floor. This is ruinous, and it is wonderful so small a death rate as eight and a half per cent. is reported. It appears there are not over six wards for either sex. It is hoped the new building contemplated will be pushed vigorously forward.

Dr. Parsons goes at length into the advantages of a regular bath-house for hot and cold bathing for patients, and earnestly urges the erection of one for which he suggests the proper arrangements. On this subject he says:

The above mentioned use of the bath-house is hygienic and curative in a general way. But there are some patients, especially cases of melancholia, in whom the glandular system is torpid and the skin harsh and dry, who would receive much benefit from a bath that would strongly stimulate the skin, and at the same time invigorate the general system. For these the vapor and hot air baths would furnish a means of relief that is now entirely beyond our reach. While the vapor and hot air baths were in use, the ordinary bath room could be so heated as to answer for the preparatory room. With a bath-house constructed to fulfill the conditions referred to above, it is thought that the efficiency of the Institution in securing the comfort, physical health and cure of

patients would be very much increased, and, moreover, without any addition to current expenditures.

One other great improvement is suggested by Dr. Parsons—the building up of the wide porticoes in front of each wing, which now only darken each hall, and securing thereby a pleasant alcove or day room for each department.

The average expense of patient's support at this Institution during the last year has been \$2.12.

XXXVI. INDIANA. *Nineteenth Annual Report of the Commissioners, Superintendent and Steward of the Indiana State Hospital for the Insane, for the year ending October 31, 1867.* Indianapolis.

Dr. Lockhart reports at the close of the preceding year 273 patients; admitted since 233: discharged restored 125, improved 28, not improved 26: died 34: not insane 1, eloped 1: remaining October 31, 1867, 291.

The pressure upon this asylum for admissions has been very great. More than 100 recent cases have had to be refused for want of room. But it is satisfactory to know that a large extension of the present buildings is in progress. The building committee report as nearly enclosed a structure, four stories high, 200 feet in length, and containing 184 rooms.

XXXVII. PENNSYLVANIA. *Fifty-first Annual Report on the State of the Asylum for the Relief of Persons deprived of the use of their Reason.* Frankford, Pa.

Dr. Worthington reports at date of last report 59 patients: received since 31: discharged restored 12, improved 7, stationary 3: died 6: remaining March 1, 1868, 62—men 33, women 29.

The situation and surroundings of this Institution are all of the pleasantest kind, and well adapted to have the happiest effect upon patients.

We transfer to our pages the following passage upon the joint "Medical and Moral Treatment of Insanity."

Insanity being a physical disease it is reasonable to seek for its relief and cure in such remedies as by their action on the physical organism are capable of removing the diseased condition. It was formerly more common to consider it either as purely mental, or as of a mixed character partly physical and partly mental, and its treatment accordingly consisted partly of remedies to act upon the diseased bodily states, and partly of recreations and amusements and of various moral agencies designed to influence the morbid condition of mind. Hence the distinction into medical and moral treatment, which were considered as having so little connection with each other, that in most of the older Institutions it was regarded as an advantage to have them directed by different heads. This distinction has, however, proved to be more nominal than real, and though the terms are still used, it is in a sense less strict than that in which they were formerly employed. It is well known as the result of long continued experience that the influence of cheerful scenes and associations, and of freedom from care and anxiety upon the bodily health in many forms of chronic disease, is as beneficial as that of remedies strictly medical; while good nourishment, fresh air, cleanliness and exercise, are quite as promotive of cheerfulness and mental tranquility as what might be considered more strictly as moral treatment. It is this influence upon the bodily health of cheerful scenery and surroundings, and of all the various recreations and amusements generally understood by the term moral treatment, which brings these agencies specially within the province of the physician and places them in the rank of the most valuable remedies for the relief and cure of Insanity.

The Library in the Garden is a very attractive feature among the many pleasant accompaniments to this Institution.

XXXVIII. MASSACHUSETTS. *Twentieth Annual Report of the Trustees of the Massachusetts School for Idiotic and Feeble-Minded Youth.* Boston.

Dr. Edward Jarvis, superintended this School for seven months up to the date of this report, (October,

1867,) temporarily supplying the place of Dr. Howe, the Superintendent, who went to Europe during the last season for his health. Dr. Jarvis reports 70 pupils at the beginning of the year: received 14: discharged 16: remaining October 1, 1867, 68. Since the year 1851, when the Institution was opened, there have been 429 applications, of which 345 were from within the State, and the number actually admitted has been 363.

As in the case of Insane Asylums, and nearly all our benevolent institutions, it is found that the extent to which their advantages are made available depends very much on the question of distance or proximity. Thus reckoning four districts from Boston to the west end of the State, the ratio of patients sent from each respectively is expressed by the following numbers: Boston, &c., 100; Middlesex, &c., 70; Worcester, &c., 43; Berkshire, &c., 37. This has been so often demonstrated that it may be received as a general law.

This subject of idiocy is one of great interest, and the labor of developing intelligence in a defective organization somewhat akin to that of restoring mental functions that have been deranged by disease. Wonderful advances have been made of late years in the mode of dealing with what was once considered a hopeless class of cases. Dr. Jarvis gives many suggestive hints as to "Home Education of Dull Children," and in the following passage which we quote from this report, incisively probes one great fault in domestic management, which we know to be very common:

Some are brought to this Institution as idiots, who might have been preserved from that low state of intellectual and moral being, if their parents had been able and willing to give them the aid for their development that they needed. They were dull and incomprehensible, or, at least, less impressible than the others, and wanted more stimulation, more teaching, more aid, than their brethren and sisters.

Yet as they needed more, less was given; as the ordinary efforts failed to influence and develop them, even these were taken from them.

The bright, the intelligent, the quickly apprehensive and largely comprehensive; those who, in spite of neglect and obstacles, would learn, and acquire knowledge under any difficulties; these are offered every encouragement and aid. Their path is laid broadly open, and they are invited and urged to go onward and upward, acquiring more and more intellectual power in themselves, and receiving more and more of the world's sympathy, as their capital of both increases. On the contrary, the child that is apparently endowed with no natural gifts, is left without aid, to grope his way in the dark; and hence the dull child may be forced, by domestic and social neglect, to become feeble-minded, and the feeble-minded to become an idiot, and the idiot of the higher order fall to the lower, because he can do so little. While, on the opposite end of the scale of intellectual power, the generous encouragement of the family at home, and of society abroad, carry the richly endowed from strength to strength, from broad to still broader learning, because they can do so much.

The faithful shepherd of old left his ninety and nine sheep that could take care of themselves, and went out of his accustomed way, and gave all his time and power to save the poor wanderer that could not be preserved by the ordinary care and watchfulness. So the poor idiot, the feeble-minded and the dull child should be the first object of interest in the family and in the State. Inasmuch as he is made poor by nature, he should be made rich by the more abundant attentions, the warmer and more effective sympathy of those who have any responsibility for his development and education.

The trustees have applied to the Legislature for an appropriation to enlarge the Institution by an additional school-room, an infirmary, workshop, gymnasium, &c.

XXXIX. SOUTH CAROLINA. *South Carolina State Lunatic Asylum.* Columbia.

Dr. Parker has sent us the following statistics in advance of the publication of his report. By the last report, (for 1866,) there were in the Institution 142 patients: received since 119: discharged cured 40:

died 11: escaped 2, removed 4: remaining at close of the year (1867) 204—men 90, women 114.

Dr. Parker states that the "colored insane are comfortably provided for in separate buildings with pleasant grounds, and under the immediate care of faithful and experienced attendants of their own color. They are clothed, fed, and in every respect treated as the white patients." The number of these patients received since last report is 42: cured 10: died 2: remaining 32. All of these patients are classed among the pauper insane.

XL. MISSOURI. Report of the Missouri State Lunatic Asylum, October, 1867. Fulton.

Dr. Hughes has kindly transmitted us an abstract of his annual report made for 1867, the reports of the officers of this institution being published only biennially.

This Institution was closed in consequence of the war, from 1861 to 1863. Since its reopening in 1863, it has admitted 618 patients. The number at date of last report was 265: admitted since 164—men 96, women 68: discharged recovered 41, improved 10, stationary 14: died 31: remaining in the asylum November 26th, 1867, 333. Dr. Hughes urges on the Legislature various needed improvements, such as the substitution of gas for coal oil, enlargement of reservoirs, purchase of a fire-engine, water-tanks in the attic, tramways in the basement, iron stairways for rear exit, &c.

We append the Doctor's additional remarks:

We have assembled our patients five times a week during the past year, in the amusement hall, instead of twice as formerly, and found more salutary results than when they assembled less frequently. Our patients are walked out and worked more than heretofore, and we think they convalesce more rapidly, more certainly and more frequently than they used to with less exercise and less labor.

The experience of the past year has afforded us no new light upon the pathology of insanity, nor have we been enabled to deduce any new methods of medical treatment. The Fenocoy auide of iron has given the most satisfactory results in epilepsy, one case of daily recurring paroxysms having been suspended several months under its persistent use in large doses.

We have fatal accidents in our household. One case which came near resulting fatally, was that of an attendant cut by a patient, while attempting to prevent him from escaping, while out walking. The patient had obtained a large bladed pocket knife, and in his attempts to extricate himself from the attendant, inflicted a severe wound of the parotid gland and severing the external carotid at the point of bifurcation into the temporal and post auricular.

The attendant had bled profusely—almost to the point of syncope—when we reached him. We cured him by applying a hard conical compress to the bleeding artery, and maintaining it for seventeen days. We should have been obliged to cut down upon the primitive carotid and tied it at once had the wound been two lines lower down and the bleeding not stopped spontaneously, but we risked compression, because, at the moment when we were ready to operate, the blood coagulated in the meshes of the parotid, and the hemorrhage ceased.

We had a gland surrounding the cut vessel performing nature's hemostatics, and we had a bony base to press upon, and four hard bases of support for our retaining bandage—the occiput, sinciput, chin and the top of the cranium. The temporal and the post auricular are now both pulseless.

Probably no such a fortunate wound of the external carotid has before occurred in the annals of surgery.

XII. KANSAS. *Third Annual Report of the Officers of the State Insane Asylum, located at Ossawatimie.* January, 1868.

Dr. C. O. Gause reports number of patients received since November 1, 1866, as 22: discharged recovered 10, improved 2: number remaining November 1, 1867, 22. Dr. Gause states that 38 applications have been refused for want of room, and the trustees make an urgent appeal to the Legislature to enlarge the Institution, stating that many of the insane of the State are driven to find accommodation in the hospitals of other

States. The present building has but two wards, one for either sex, and hence allows of no classification. Dr. Gause is laudably endeavoring to impress upon the people of his State the importance of *early treatment*, which, of course, is rendered impracticable by too limited accommodations. He estimates the whole number of insane in the State at 150. Dr. Gause closes his appeal for enlargement in the following decided terms. It is well that our new States should learn this lesson as soon as possible:

It is impossible to be successful in the treatment and care of the insane with cheap buildings and cheap arrangements. The cost of hospitals for the insane cannot be reckoned in comparison with the other State edifices, as the peculiar use for which they are intended require many hundreds of dollars' expenses in construction. About eighty per cent. of the insane require a large well-ventilated room to sleep in, separated from others by a wall of solid masonry.

The cost of modern built asylums in the United States is about one thousand dollars for every patient provided for. I am unable to find an instance in the United States where State institutions of this kind have cost less than three hundred thousand dollars, while many of them cost double that sum.

I believe that the sum of two hundred and fifty thousand dollars should be appropriated by our next Legislature for building purposes, and the erection of an edifice for the home of the unfortunates within our State carried forward without delay. "Do unto others as ye would that they should do unto you," is the injunction which should be practiced in this great and good work.

We learn that the Legislature has appropriated \$20,000 for building, \$7,500 for maintenance of insane, \$1,000 for superintendent, \$600 for the matron, and \$1,200 for assistants.

XLII. OREGON. *Report of the Oregon Insane Asylum to the Governor, George L. Woods, for the year ending August 31, 1867.* Portland.

Dr. J. S. Giltner, "Inspecting Physician of the Insane Asylum of the State of Oregon," reports the number of

patients in the asylum September 1, 1866, as 79—men 58, women 21: admitted during the year, men 21, women 12: discharged cured 11, died 5, escaped 3: remaining August 1, 1867, 93—men 68, women 25.

As in California we observe here great disparity in the numbers of each sex, which is owing to the preponderance of men in the general population. The small per cent. of mortality shows a good sanitary condition. Out of the 93 under treatment 55 are Americans. Dr. Giltner states that the largest proportion are of the laboring class, and mentions continuous physical labor without recreation as one of the most frequent causes tending to bring on insanity. Doubtless the labor of a new country is generally more trying and severe than that of old settled communities. On this subject he says:

In the different mechanical pursuits, where more mental labor is required, the tendency to insanity decreases; and as we proceed a step further, we find as men have still more mental labor to perform and less physical, the tendency is still less, showing clearly that in order to maintain a healthy condition of the mind, mental labor and physical recreation must be practiced more than is now common among the laboring classes. And if we would improve the mental condition of our laboring population and lessen the tendency to insanity, we must endeavor to ameliorate their physical labor and increase their mental culture—i. e., give them less work and more recreation.

Dr. Giltner finds also that a large proportion of his patients owe their insanity to self-abuse.

Several acres of fir grove adjoining the asylum have been enclosed with a high fence, and swings and other fixtures erected for the exercise and amusement of the patients. The Institution has a farm, and a good supply of spring water, which is pumped into a reservoir in a tower elevated above the main building.

XLIII. ALABAMA. *Annual Report of the Officers of the Alabama Insane Hospital at Tuskaloosa, for 1867.*

Dr. Bryce reports in hospital October 1st, 1866, 74 patients—men 44, women 30: admitted during the year 77: discharged cured 13: improved 3: died 15: eloped 3: remaining, October 1st, 1867, 115—men 67, women 48.

The law of the State establishing this hospital was passed in February, 1852, but the building was not opened for patients until 1861. Dr. Bryce gives the following description of this Institution:

It is situated about two miles east of Tuskaloosa, on a gentle elevation, and surrounded by beautiful groves and varied landscape scenery, and has an abundant supply of good spring water. The plans for the building were furnished by the Association of Medical Superintendents of American Hospitals for the Insane. The building is of brick throughout, and is composed of a large centre building, four stories high, surmounted by a handsome dome; and wings, three stories high, extending in a right line on either side. For the purpose of light and ventilation, these wings are each subdivided into three sections, and the sections connected with each other by cross halls of the same height and dimensions. The whole is finished in stucco and roofed with tin, and presents, when viewed directly from the front or rear, a right line measuring seven hundred and eighty-four feet. The wings have each three campaniles, corresponding with the sections, and connecting with the ventilating shaft or foul air duct which extends along the entire attic.

The centre building contains more than thirty large rooms, exclusive of a beautiful and commodious chapel, and is appropriated to business offices, public parlors, officers' quarters, kitchens, store rooms and servants' rooms. The wings together contain eighteen halls or wards, and upwards of three hundred dormitories for the use of patients. Each ward has a distinct dining room, parlor, bath room, drying room and water closet; and is intended to accommodate about twenty patients. The building will be warmed by radiation from steam pipes, arranged along the basement stories or cellars, and will be susceptible of a temperature of 70 degrees Fahrenheit, in the coldest winter weather. It will be ventilated

by one of Meigs' revolving fans, driven by machinery. Water from an unfailing spring is forced by a Worthington steam pump, into tanks located in the attic of the centre building. Hot water tanks are conveniently placed in the basement, and heat is supplied to them by coils of steam pipe passing through them. They are supplied with water by connections with the tanks in the attic. Cold and hot water is distributed throughout the house by means of iron pipes. The cooking, washing, and drying, will be carried on by steam, so far as it is available, and the building will be lighted throughout by rosin gas, manufactured on the premises. Speaking tubes communicate from all quarters with the offices in the centre building. The sinks, soil pans and water closets are ventilated by downward currents passing into the large smoke stack connected with the boilers, and so complete is this arrangement that no disagreeable odor can be detected in any part of the house.

The building and grounds cost two hundred and fifty thousand dollars—the exact sum, I believe, estimated by the Association of Superintendents, as necessary for the purpose; and less, perhaps, than any similar Institution, of the same size and appointments, in the Southern Country.

The war of course prevented the full completion of all the accessories necessary for the proper working of the Institution, such as the arrangements for warming, ventilating, lighting, washing, &c. Only the west wing has been occupied, the first and third floors by the men and the second by the women. Dr. Bryce anticipates, however, that before the autumn of this year both wings will be nearly filled with patients, and urges the completion of all the remaining necessary appliances. Among other improvements during the last year, two acres of the grove in the rear of the west wing have been enclosed by a brick wall for an "airing court," and about \$5,000 expended in repairs, furniture, &c.

Of the 77 patients admitted during the year, 10 are negroes. A separate portion of the hospital is assigned to them. Dr. Bryce observes that

As a class, negroes enjoy much greater immunity from mental derangement than the whites, and where the aberration is the result of disease, in contradistinction from congenital stupidity, their recovery is equally promising.

He also dwells upon the difficulties in Alabama, in the way of securing early treatment of the insane, owing to the fewness of railroads, and the consequent labor and expense of reaching the Hospital from any part of the State. This causes too long detention at home after the attack. He gives one or two very striking instances of fatal consequences attending this delay and a conveyance for long distances over rough roads in lumber wagons. One man was carried over 150 miles tied down to the bottom of a wagon without springs, exposed to the burning rays of the sun in mid-summer, neither eating nor sleeping during the whole journey! No wonder he died within ten days after his arrival at the hospital.

The report of Dr. Bryce is a very instructive document. His "remarks" on the various statistical tables given, embody valuable and suggestive hints. He finds that the proportion of private or paying patients in his State has decreased from a proportion of about one-third to *one-ninth*, and less—a very significant indication of the great impoverishment of that section of the country.

There appears to be no marked effect of social or civil state, on the prevalence of insanity. The insane single and married are nearly equal. The reason why in Europe the insane single men exceed the single women in the proportion of five to two, is because the marriage of men is deferred to a later period, as a general rule, than in this country. Neither can any rule be laid down as to the effect of occupation.

Dr. Bryce's discussion of the subject of causation is at once sensible and concise. We cannot refrain from

extracting a passage from it which he calls a "digression," but which we are free to say we gladly welcome, in strong contrast as it is with so much of the nonsense of Positivism in these days:

It will hardly be disputed, I presume, whatever be the nature of the cause, that insanity is the result of a diseased condition—a physical lesion—of the brain. No cause can be effective in producing mental aberration unless it first impairs the physical integrity of the brain, which is the organ of the mind; and hence, all causes are, sooner or later, physical. This cerebral change may not always be obvious to the eye on dissection, but by analogy it must exist. Insanity is the result, then, of physical impediment to the united and associated action of the brain, under the operation of the mind. And let me add, just here, that the MIND has a *separate, substantive existence; and a self-acting nature—that it is not the material product of chemical mutations of the brain or of any organic functions of that organ*; and hence, strictly speaking, it can never be deranged. Its instrument, the brain, may be diseased or defective, and the due relation between it and the senses destroyed, but the thinking principle—the SOUL—continues intact, but is manifested according to the machinery with which it is associated. This fact rests upon the clearest physiological proof. We infer, therefore, that this thinking principle is never diseased; that it exists in its full, though slumbering power, in the idiot, the demented, and the infant. Doubtless, it is the intuitive realization of this great physiological principle which animates the maternal heart, clinging with fondest affection to the mature idiot, or to the babe nestling in helplessness on her bosom; and the intelligent conception of it which supplies the physician, in his daily contact with the victims of complete and hopeless dementia, with a never failing source of mournful interest and a willing sympathy, which a more materialistic philosophy could never inspire.

Under this head also he touches upon the subject of consanguineous marriages, quoting from the tables of Dr. Bemiss, of Louisville, Ky. It is a subject that is attracting more of the attention due to it than heretofore. He also refers to the habit of opium eating which is so much more common in this country than would generally be supposed.

We quote the following extract from his remarks on the table relating to "education," as to "one familiar aspect" of the subject:

Waiving all metaphysical caviling as to whether the passions or emotions be distinct elements of the mind, properly so called, they still belong to mental processes, are more or less associated with acts of intellection, and are susceptible of education. The tendency of this age, it seems to me, is to give them undue play, especially in the woman, upon whom, under any circumstances, they are apt to exercise a dominant influence. In the fashionable parlance of the day, we are told to educate the heart as well as the head; which is sound enough philosophy where the proper discrimination is exercised, in estimating the comparative importance of these two vital organs. I rather suspect, however, if we educate the head alone, that the heart would progress, *pari passu*, in its supposed functions. I do not think I exaggerate if I say, that among the wealthier and better classes of society, more diligence is bestowed upon the development in youth, of the feelings and emotions, than of the intellect. I reason from observation, and from effects with which I am brought into daily contact in my intercourse with the insane. The philosophy of living, if I may so express it, seems to be founded on this modern principle. From the mimic discipline of the nursery, to the decrees of a criminal court; in the amusements of the people; in their intercourse, religion, manners, pursuits, opinions; and pervading, to some extent, even their industrial avocations, there is a very decided infusion of factitious sentimentalism. The passions or emotions are more early and strongly developed than reflection, comparison, and judgment, and unless intelligently controlled and directed in the beginning, can hardly, in maturer life, submit to intellectual subordination. With such persons, to feel is sufficient incentive to do; and the thinking faculties, because never cultivated, are always in abeyance.

There is a class of patients in our insane hospitals—and they are much more numerous now than in former years, before the refinement which wealth and civilization confers, had been attained—which painfully illustrate the truth of this statement. These unfortunate persons are only an exaggerated type of a large class of their more fortunate fellow-creatures, upon whom the restraints of an insane hospital have never been imposed. Their feelings culminate in the irresistible impulse to commit some flagrant impro-

priety—to appropriate their neighbor's goods, to fire his property, or even to take his life; or, in milder cases, to sacrifice their own virtue, to love or hate inordinately; to become deceitful, cruel, vulgar, in a word, morally perverted. They are poetically declared to be morally insane. It would be more charitable, I think, to say they are imbecile. It is really a difficult matter to determine to what amount of accountability they ought to be held for their acts.

The remedy for this great and growing evil, is a better system of education and discipline, on the principles above indicated. Let us have a generation of earnest, thinking men and women, not maudlin sentimentalists. Let that divine principle, which alone distinguishes us from the brute, and sees in itself the "Image of God," receive that care and development, of which, by the will of Creative Power, it was made susceptible.

XLIV. *St. Vincent's Institution for the Insane.* St. Louis, Mo.

A summary of statistics that has fallen under our eye shows for this Institution, number of patients January 1, 1867, 123—men 45, women 78: received during the year 144: discharged restored 55, improved 59, unimproved 15: died 18: remaining January 1, 1868, 120. Dr. J. K. Bandrey is the Attending Physician of this Institution, and "Sister" M. Julia, the Superior.

XLV. *Annual Statement of the Guardians for the Relief and Employment of the Poor of the City of Philadelphia.*

Seventeenth Annual Report of the Insane Department of the Philadelphia Hospital. January 1, 1868.

Dr. Richardson, who has charge of the Insane Department of this immense charity, reports number of patients in hospital January 1, 1867, 565—men 206, women 359: admitted during the year 370: discharged cured 98, improved 89, unimproved 47: died 68: not insane 10: remaining December 31, 1867, 623. A large proportion are chronic cases from elsewhere, this Institution being required to take all who present themselves. Out of the 935 under treatment the past year 552 were foreigners.

Dr. Richardson reports several improvements in the hospital arrangements. He suggests a different material for the wearing apparel of the insane from that used in the almshouse. He also speaks emphatically of the good effects of amusements, including dancing, and quotes Dr. Earle, of Northampton, on this subject.

XLVI. Annual Report of the Commissioners of Emigration of the State of New York, for the year ending December 31, 1866.

The number of alien emigrants landed at New York in 1866, was 233,418, nearly 40,000 more than in any year previous. Of these 68,047 were from Ireland; 106,716 from Germany; 36,186 from England, and 22,469 from other countries.

The chief physician of the State Emigrant Refuge and Hospital, Ward's Island, Dr. Geo. Ford, reports in the Insane Department 103 women and 80 men treated during the year: number at beginning of the year 74: admitted during the year 109: discharged cured 60: sent to Blackwell's Island, their time of five years expired, 7: transferred to other wards of the hospital in improved condition 34: died 5: remaining at end of year, men 27, women 50—77. The asylum for insane patients in this hospital was completed early in 1861. The Commissioners say:

The limited number of patients and their general uniformity of condition and circumstances of disease render less needed many of those arrangements for classification and other objects required in larger insane asylums with a great variety of patients.

It is, however, very desirable that a separate building at some distance should be erected for female patients, to render the separation of the sexes more perfect than it is at present.

This is among the objects for which an enlargement of the commutation fund is specially required.

XLVII. Tenth Annual Report of the Medical Superintendent of the Provincial Hospital for the Insane, Halifax, Nova Scotia, for 1867.

The Superintendent of this Institution, Dr. James R. De Wolf, reports number of patients January 1st, 1867, 157: admitted during the year 43: discharged recovered 19, improved 5, not improved 2: died 5: remaining December 31st, 1867, 169—men 87, women 82. The mortality rate is gratifyingly small. Admissions have been limited to the most urgent cases. Dr. De Wolf calls for the still further extension of the hospital already considerably enlarged, and says the present building will be again overcrowded before an extension could be finished, even if commenced at once.

Dr. De Wolf reports several gratifying donations and bequests recently made to the institution, the Hon. Hugh Bell having given his first year's salary as Mayor of Halifax, which is invested for the establishment of a library; and a Mr. John Brown having left a large legacy for the support of indigent patients. Edward Binney, Esq., has presented a fine piano for the convalescent ward. The three new wards in the wing and centre building completed in the autumn, have been respectively named after these three gentlemen. Several other minor improvements have been made; all the minutiae of what is called the "moral treatment," are well provided, and the institution seems to be in a very fair state of prosperity.

Dr. De Wolf expresses the common experience in his closing remarks:

The difficulties and embarrassments in conducting the affairs of an institution such as this, are known only to those who have undertaken their management.

On the one hand we have, it is true, the frequent expressions of heartfelt gratitude from many a recovered patient, than which

nothing can possibly be more delightfully cheering, and more steadily encouraging; but as an offset, we have, in common with other institutions of this class, to contend with very many most depressing discouragements from time to time, so that were it not for the kind inspiring sympathy of true-hearted friends, and the unabated interest of generous well-wishers, together with the constant cheering hope of doing good; were it not for these, one might unhesitatingly retire from the scene, devoutly thankful to be relieved.

XLVIII. *Sixth Annual Report of the Board of Inspectors of Asylums, Prisons, &c., (in the Dominion of Canada,) for the year 1866. Printed by order of the House of Commons. Ottawa.*

This document contains the several reports of Superintendents of Canadian Lunatic Asylums, which we will notice in succession. The report of this Board of Inspectors for 1867, is probably not yet published.

I. *Annual Report of the Provincial Lunatic Asylum, Toronto, for 1866.*

Dr. Workman reports number of patients remaining in the Chief Asylum and the University Branch, January 1, 1866, as 467—men 205, women 262: admitted during the year 64: discharged 30: died 23: transferred to Orillia 6: remaining January 1, 1867, 472.

Dr. Workman exhibits the rather remarkable fact that the number of admissions to this Institution has been yearly decreasing. In 1861 the admissions were 204, and the discharges 91. This year the admissions are but 64, and the discharges 30. The doctor assigns no reason for this in his report. He finds, too, that the discharges of male patients are in great disproportion to those of the women: this year as *nine* of the men to 21 of the women. The doctor connects this fact with some very earnest and extended remarks on the vice of masturbation as a cause of insanity, its alarming prev-

alence and increase, its contaminating influence upon others, the duty of teachers and clergy in regard to it. He recommends the wider circulation of such tracts as Dr. Chipley's "Warning to Fathers, Teachers and Young Men," of which a second edition was published in 1865 by a gentleman of Kentucky, for gratuitous distribution among the teachers of that State. Dr. Workman also recommends *totally distinct lodgment* and a different moral discipline for all patients addicted to this vice, in order to prevent the evil from spreading.

In relation to the mortality in this institution, Dr. Workman makes the following very suggestive remarks on the real causes of death, so often left obscure or uncertain:

Of the 19 deaths in the Chief Asylum, 9 resulted from phthisis, only two of which were of the *manifest* form. The other 7 were defective in the usual prominent symptoms of pulmonary consumption, as cough, expectorations, hectic fever and sweatings, &c., &c.; yet in all, the lungs were thoroughly destroyed by tubercular disorganization. Nothing more clearly convinces me of the general trivial value of asylum statistics of mortality, unbased on *post mortem* examination, than the inspection of the various tables appropriated to this subject, in nearly all the asylums of this country. In one of the latest reports received by me from an American asylum, I observe that out of a total mortality of 33, only two deaths are ascribed to phthisis pulmonalis, or pulmonary consumption; but 13 are ascribed to "exhaustion from chronic mania." Had *post mortem* examinations been held, as I feel assured they were not, in all probability the whole of these 13 cases would have been found to belong to the class which I designate latent phthisis; and very probably a few, placed under other heads, would also have been added. Until American asylum figures are based on clearly ascertained facts, it would be highly advisable that fewer were published. I can imagine nothing better calculated to establish or perpetuate error, than the publication of statistics, the elements of which have been merely guesswork, and I have yet to be convinced that in fully three-fourths of all the wearisome tables which fill up so much of our asylum reports, both in the new world and the old, the figures shewn should not be regarded in this light.

Although we have several times published a description of the disease, general paresis, yet we are sure our readers will be glad to have us put on permanent record the following very clear, correct and comprehensive observations which Dr. Workman gives us in this report, as the result of a long experience combined with high scientific culture:

This disease, in Canada, and I believe in the United States also, is either more common, or it now attracts more attention, and is more accurately diagnosed than formerly. Those members of the profession, who have had opportunities of seeing the disease, or who have taken pains to acquire from books a correct knowledge of its characteristics, seldom fail to identify it, even in its earliest or incubative stage; but it is also a fact, which it would be improper to suppress, that not a few of the general practitioners of the Province, seem not to be acquainted with it. Considering the comparative paucity of the entire number of cases presented, it is not to be wondered at that the disease is not universally understood. The name by which it was, until recently known, *general paralysis*, was indeed well calculated to lead to misconception; for at the commencement, which is the period in which it is usually seen outside of asylums, the patient not only is *apparently* free from any paralytic affection, but generally appears more active, lively, and robust, and at the same time shows more mental energy than ever in his life before. Perhaps, too, the most constant characteristic, indeed, I would say *pathognomonic* symptom of the malady, a keen or even ravenous appetite, tends in conjunction with the general apparent good health present, to lead still farther towards error. This keenness of appetite does not appear to be abnormal, for it is unaccompanied by any disturbance or disorder of the digestive function, and nutrition goes on well. The patient eats heartily, and appears to benefit by his eating. He declares he never felt so well in his life. His friends think so too, but they have found that this improved bodily condition is unfortunately associated with irregularities of temper, transient defects of intellect, and strange moral perversions, which have begun to cause them serious apprehensions. The earliest paralytic, or more properly speaking paretic, symptom may even now be recognizable, though very commonly not observed; I mean the defective articulation of speech, which is perceptible chiefly in the pronunciation

of the labial and dental consonants; for the accurate formation of which an exact direction of the tip of the tongue to the anterior parts is necessary. This defect in the speech is not unfrequently assigned by those ignorant of the truth, to drunken habit; but most unjustly and sometimes most cruelly. It arises from impairment of the lateral muscles of the tongue, or of the motor nerves supplying them. The muscles on the two sides do not act co-ordinately, or those on the affected side are overpowered by those on the opposite side, and in consequence the tip of the tongue fails to hit the central point, to which it should be applied. The speech is therefore thickened, or blunted. The symptom goes on constantly augmenting, until in the last stage of the disease, speech is almost wholly or altogether obliterated. The most usual form of delusion manifested by paretic patients, is that of an exaggerated appreciation of their own wealth, or some other qualification on which they may chance to have desired distinction. The extent and the extreme absurdity of some of their delusions, are often, in the more advanced periods of the disease, almost beyond all credence, and to one who has watched many of these people throughout the sad career which they all run, depiction of details is a task too heart-sickening to be entered upon but with the utmost reluctance; I therefore abstain from those illustrations, which though they might lend attraction to a report, with some classes of readers, never fail to give pain to others, who bring the picture home to themselves, and see in it only a true likeness of what they may themselves, under the inscrutable decrees of Providence, yet become. As it is usually only in the earlier stages of the disease, that it falls under the notice of the general practitioner, and as the diagnostic symptoms in this period are sometimes rather obscure, or are so far overtopped by the more striking mental phenomena, which appear to accord with those of insanity in general, as depicted sometimes too glowingly in works on this subject, or in general medical treatises, it may not be improper here to draw attention to the distinguishing characteristics by which it is almost invariably indicated. I believe I shall be generally sustained by those who have had large experience in the treatment of insanity, in the opinion that general paresis is a disease *sui generis*. It is, in the physical disorder accompanying it, quite different from any other form of insanity, and those most familiar with its mental manifestations, will hardly dissent from the assertion, that they are scarcely less distinctive. The *post mortem* revelations, although by no means uniform, are nevertheless, over their wide extent, far

different from those shewn in the bodies of other classes of patients. After other forms of insanity, we may discover various cerebral lesions, or they may, so far as our means of detection extend, be totally wanting. This uncertainty does not obtain in general paresis; in it, the brain, or the spinal cord, very often both, are found to have been diseased, and the diseased condition of these vital parts has been laid at the foundation of the malady, and has given form and feature to all its manifestations, both mental and corporeal. Other forms of insanity may be merely sympathetic or reflex, the brain being only secondarily or resultively affected. This is never the case in general paresis, and not only is the brain or the spinal cord always diseased, but almost invariably these are the only parts which are diseased. The organs of the chest and abdomen are, unless accidentally, always sound. This is a condition of the system rarely found to obtain in other forms of insanity. In these the brain indeed may be found undiseased, but absence of disease here will certainly be unassociated with exemption from it elsewhere. It is the exemption from disease in other parts, but especially in the digestive organs, which so usually leads the general practitioner to the formation, and too often to the pronouncement, of an erroneous prognosis. Nor in the face of the fact, that the patient is almost invariably free from headache, or at least asserts that he is so, is it wonderful that the diagnosis arrived at, should fail to involve the idea of any formidable brain disease. Yet the absence, not only of pain in the head, but also of every other sort of pain, and that throughout the entire subsequent progress of the disease, may be held as one of the most reliable diagnostic marks of general paresis. I would not assert that pain is absent in the incubative stage of the disease; but I can say that I have never met with it in any general paretic that has come under my care. If we have this absence of pain, combined with a keen or voracious appetite, a trivial impairment of the articulation of speech, such as I have already spoken of, and incipient, or perhaps fully developed phenomena of mental delusion, but especially in relation to money or property, there can hardly be a doubt that the case is one of *general paresis*.

If the case has advanced beyond these limits, and the patient has had one or more apoplectiform seizures, out of which he, perhaps, very unexpectedly, speedily appeared to recover, and subsequently it has been observed that his speech has become more blunted, or, perhaps, only now for the first time has been noticed to be so; and if a change of gait is observed—not, indeed,

amounting to paralysis of one limb, but very clearly indicating impaired muscular power in it—then is there no longer room for doubt; the case is one of *general paresis*, and the patient will die.

When he will die is a question of great uncertainty; he may go off in his next apoplectic seizure, or he may survive a dozen of such seizures; or, indeed, he may not have one at all.

It is unnecessary here to enter more largely into details. The disease may—and no doubt it does—present variety in its earlier or its later stages. *General paretics*, for example, are almost all distinguished by their self-complacency, and by their entire satisfaction with all their surroundings; yet, on the other hand, exceptional instances of the contrary are met with. It is, however, enough, on this occasion, to draw attention to the most usual early manifestations of the disease, the careful observance of which will, in nineteen cases out of every twenty, ensure the formation of a correct diagnosis. It has been too often my painful duty to give to the friends of *general paretics* the first intimation they have received of the real character of the malady under which the patients were laboring, and sometimes this intimation has been so antithetic to the opinion previously expressed to them by others, as to render its communication very disagreeable and embarrassing. Unfortunately, not in a single instance hitherto, throughout nearly fourteen years, have I been wrong in my prognosis.

But he immediately after enters upon a subject, the provision for the chronic insane, on which we are sorry to say his views are not in harmony with our own, or with those of the great body of experienced superintendents. We do not intend to re-enter upon a question which has been thoroughly discussed in our pages. We shall only observe that if the system of branch asylums, or secondary institutions be the only method in Canada of making each locality “pay for the support of its own insane poor,” it is an argument that cannot apply to us here in New York, where each county is made responsible. The same principle will have to be acted upon in Canada, and if these “secondary” institutions are established by “county unions,” as Dr. Workman proposes, they will either become good lunatic *hospitals*, or mere

mad-house receptacles. There can be no halting place between.

II. *Report of the Proprietors of the Beauport Lunatic Asylum for 1866.*

This is a proprietary Institution under Dr. J. E. I. Landry, and Dr. F. G. Roy. Their house surgeon, Dr. Pickup, reports number of patients January 1, 1866, 557—men 254, women 303: admitted during the year 153: discharged recovered 37, improved 11, not improved 7: died 52: remaining January 1, 1867, 603—men 285, women 318.

Many of the inmates are pauper patients sent from the gaols after insanity had become chronic. Dr. Pickup mentions among the admissions of 1866, one woman 66 years of age who had been 15 years in prison. Seven of the admissions were between 60 and 70 years of age, seven more between 70 and 80, and one was of the age of 82.

Drs. Landry and Roy attempt to justify their arrangement of dormitories or "cribs" back to back, along the middle of a large apartment, which arrangement had been faulted by the Board of Inspectors.

They say on this subject

The double row of cribs, to the arrangement of which you appear to object, is placed in the centre of a vast department (103x40 feet.) A wide passage surrounds the cribs, and serves as a recreation room during the day, as the cribs serve as sleeping rooms during the night. If these cribs were placed along the walls they would intercept the light, and the central passage, which the patients would occupy during the day, would be more or less dark. These cribs, to the number of 69, in a house capable of holding 350 beds, at least, are appropriated to the use of filthy, turbulent and dangerous patients. If they had been placed along the walls, with windows opening within them, was it not possible that these patients, who destroy everything that cannot resist their strength—often increased tenfold in an attack of nervous excitement—

might, in a moment of madness, break the windows, with the risk of, perhaps, seriously injuring themselves; or, if it were in winter, and in the middle of the night, of being frozen, or of exposing their neighbors. It will be said that we could have taken steps to prevent these accidents. We do not hesitate to admit that the thing was possible, but not without incurring a heavy expenditure, which our means would not have warranted.

They, however, appear to have taken all proper measures to have the plans submitted to the examination of the government before the buildings were erected, but without success. The arrangement seems an undesirable one, except for very few and special cases, though doubtless the heating and ventilation may be somewhat more economically managed on this plan. The proprietors have made many improvements, and doubled the capacity of the Institution within the past three years. They say that though they now have 600 patients there is abundant room for 150 more.

They also complain of what is experienced elsewhere, the difficulty of getting information of the antecedents of pauper patients sent from the prisons. In so large a number this circumstance almost renders useless the attempt to make accurate statistical tables.

III. *Annual Report of the Provincial Lunatic Asylum, L. C., at St. John's, C. E., for the year 1866.*

Dr. Henry Howard, Superintendent, reports number of patients January 1, 1866, at 77: admitted 29: discharged 13: died 11: remaining January 1, 1867, 82.

Dr. Howard speaks of the disparity in provision for the insane between Lower Canada and Upper. He says: "While Upper Canada has five lunatic asylums, Lower Canada has only Beauport and the miserable place under my charge."

Dr. Howard also enters a strong protest against Dr. Workman's theory of "Secondary Asylums," as too

complicated and expensive, and declares against the justice of making each municipality support its own idiots and incurables.

The system which he recommends for Lower Canada he describes as follows :

What is the most simple system? A large building, or buildings, erected on the most approved sanitary plans, capable of holding a certain number of patients, say four or six hundred, with sufficient space to have a perfect system of classification. In this building there should be an entire separation between males and females, between acute and chronic cases, and between fools and lunatics.

This asylum should be under the complete and entire control of the medical superintendent, said superintendent responsible to the Government for the management of the Institution. Nothing could be more simple than such a plan, should the Governor of the Province, or any member of the Government wish, at any time, to see the management of the Institution, a couple of hours of his time would be all that would be necessary. He would see the management of the male, the female, the acute and chronic, the curable and incurable, the lunatic proper and the born idiot. To accomplish which, under Dr. Workman's system, he would have to pay a visit to every municipality in the Province. And here, I would add, that nothing would tend more to the good management of such an establishment, than an occasional visit from the Governor or a member of the Government. It would be an encouragement to the medical superintendent, who could point out his wants and requirements, better in ten minutes, than if he was writing for a week. Moreover, it would be a security to the country, and a gratification to the friends of the poor lunatic.

IV. *Annual Report of the Orillia Branch Lunatic Asylum for 1866.*

Dr. J. Ardagh, Medical Superintendent of this Institution, reports number of patients January 1, 1866, as 121: admitted 10: discharged cured 1, improved 1: died 8: remaining January 1, 1867, 121—men 48, women 73. Out of the 176 admissions since the opening

of this asylum, 150 were transfers from the Provincial Asylum, Toronto, leaving 26 primary admissions.

There is nothing in this report calling for special remark.

V. *Annual Report of the Malden Lunatic Asylum at Amherstburg, for the year 1866.* C. W.

Dr. Fisher reports in this Institution January 1, 1866, 232: admitted during the year 23: discharged 13: eloped 1: died 6: remaining December 31, 1866, 235. Two years have passed with only one death in the female department, and that from old age. The buildings are so full that new cases are received only as vacancies occur. During the year but 23 out of 46 applications were admitted. Dr. Fisher complains that the buildings are inadequate for proper classification, and discusses the question whether Amherstburg is so situated as to be the proper location for an asylum for the seven western counties of Ontario. He inclines to the plan of erecting a new first class asylum at London, retaining that at Amherstburg as a comfortable home for the quiet incurable insane, though even of such cases he thinks the average number should not exceed 100 of each sex.

VI. *Report of the Rockwood Criminal Lunatic Asylum for 1866.* Kingston, C. W.

Dr. Litchfield reports number of patients in the two asylums, (the new and the temporary,) on the 31st December, 1865, at 116: admitted during the year 35: discharged cured and relieved 13: died 7: remaining December 31, 1866, men in the new asylum at Rockwood 102: women in the temporary asylum 29.

There is some talk of completing this asylum and converting it into a general asylum for the eastern counties of Upper Canada. Dr. Litchfield strongly

favors this project, and says that a majority of his patients are cases where a criminal charge (such as that of *assault, &c.*,) has been *tacked* on by the friends for the sake of getting them into jail, (for lack of bail,) from whence they are transferred to the asylum. This only shows the importance of proximity and accessibility to lunatic asylums, as this must be done only to avoid the necessity of sending a greater distance.

Dr. Litchfield goes further and claims that equally good provision could be made for the criminal insane in the general asylum, and even labors to show that there is really no great objection to their association with other classes of the insane. In this country this question has been decided in favor of their total separation, not so much with reference to the effect on the criminal insane as upon those never charged with crime. Of course Lord Derby's criticism on the expression "criminal lunatic" is theoretically correct, but all that is implied by it is the commission of some act which would incur the penalty of the law unless suspended by insanity. Insanity is something which does not meet or traverse the charge of perpetration, but which being established, *averts or suspends the penalty*. Therefore in common parlance, criminal lunatic is used to designate one who has committed an offence which is punishable in a responsible person; the question of responsibility being entirely posterior to the question of the fact.

But what Dr. Litchfield says on the subject of the classification of the criminal insane is so interesting and suggestive, that though not agreeing with the object he has in view, we copy it for the perusal of our readers.

The importance of a judicious system of classification is quite as great in reference to the criminal as it is to the ordinary lunatic. But I cannot altogether agree with the high authority already

quoted, that the classification should be made to depend upon the gravity or the character of the crime committed by the insane offender. In an old English drama, written by Dekkar, in the 16th century, there is a graphic description of the inmates of the Bedlam of that day, which deserves, from its truthfulness, to be preserved. A party of gallants, armed with rapiers—as was the fashion of the period—visit the hospital, and one of them, addressing the superintendent, says—

“Pray, may we see
Some of those wretched souls
That here are in your keeping?”

Friar Anselmo (in charge of Bethlehem):— “Yes, you shall;
But, gentlemen, I must disarm you.
There are of madmen as there are of tame—
All humored not alike; we have here some,
So apish and fantastic, play with a feather;
And tho’ ’twould grieve a soul to see God’s image
So blemished and defaced, yet do they act
Such antics and such pretty lunacies,
That spite of sorrow, they will make you smile.
Others, again, we have like hungry lions,
Fierce as wild bulls, untamable as flies:
And these have oftentimes, from strangers’ sides,
Snatched rapiers suddenly, and done much harm;
Whom, if you’ll see you must be weaponless.”

In this extract a foundation is indicated for the proper classification of the insane. It should be founded upon the form and character of the disease, not upon the gravity of the offence committed. If all the insane, who have committed murder, which is the highest crime known to the law, were collected together in one lunatic gaol, as the building first designed for them was named, it would be a bad classification, because there would be nothing to change the current of their thoughts. Dr. Bucknill, formerly Medical Superintendent of the Devon County Asylum, and now a Commissioner in Lunacy, in a work on the proper classification and treatment of criminal lunatics, remarks “that the most criminally disposed lunatics are not the so-called criminal lunatics, and that the majority of the latter are as tractable and harmless as the average of insane persons to whom the stigma of crime has never been attached;” and that the criminal lunatics, or lunatic criminals, whose designation excites so much apprehension, “are often the most quiet, docile and inoffensive persons in these establishments.” My experience on this point entirely accords with that of Dr.

Bucknill; and, like him, I will crave permission to speak for those who cannot speak for themselves. Many of the cases among the criminal insane, professionally considered, are the most interesting to the physician engaged in this department of practice, and whatever may have been the offences committed by them, they ought to be treated with the same consideration as ordinary patients. A glance at any asylum case book will, I think, give confirmation to these views. I have been in the habit of referring to cases under my own care, to prepare students for dealing with them in practice, in my lectures on Forensic and State Medicine at Queen's University; and a short reference to some of these cases will, perhaps, best illustrate my meaning:—One patient, a young man, of gentle and affectionate temperament, and of good moral and religious training, came to this country with a mother and two sisters—to whom he was devotedly attached. His sisters married, and he was light of heart and hopeful of the future. One small—but dark—cloud lowered over him. He had the hereditary taint of insanity. (When he was three years old, his father, in a fit of recurrent mania, hung himself on a tree in Windsor Park, within view of the battlements of the Castle.) In process of time he became restless, irritable and uneasy, and began to have religious delusions. He loved his mother very dearly, and conceived the idea that she was too good to live, and ought to be an angel in heaven. After this delusion had taken possession of his mind, he watched patiently for an opportunity—cut his mother's throat; and, when she died, triumphed in the belief that she had been translated to heaven; and, by his instrumentality, had become an angel before the throne of God. This young man was manifestly insane, and was acquitted of the crime on the plea of insanity. He became an inmate of the Criminal Lunatic Asylum, in December, 1864. When the religious exultation had subsided, he became rapidly convalescent. He remained quite well for more than a year. He was cleanly and neat, industrious, civil and obliging. He took charge of one of the dining-rooms, attended to the wants of thirty of his fellow-patients, decorated his dining-hall with great care, so that it became a model to the other dining-halls; embellished it with flowers and birds, and having taste and an excellent ear for music, procured a concertina and organized a singing class, leading and arranging the music for our religious services. During all this time he was in full possession of his reason. He deeply deplored the delusions which resulted in the death of his mother, and sought by an industrious and useful life

to make atonement for his involuntary offense. But his disease will probably recur, and possibly with it the homicidal propensity, and it may be a duty to society to keep this young man in a place of safety for the remainder of his life. But is it also necessary to thrust him back from association with his fellow-patients, to isolate him in a murderer's ward, to destroy his usefulness in the sphere in which he is now placed, to deprive him of the last vestige of hope, and to inscribe over the part of the institution in which he and such as he would be incarcerated, the doom recorded by Dante over the portals of the Inferno, "*All hope abandon, ye who enter here.*" I cannot think it would be necessary, for we inflict no punishment on the sane criminal, which would be comparable to this punishment of the insane criminal. "*Men try the crime, the motive Heaven will judge.*" But let us glance at another case.

A young farmer, of German descent, of moral, correct and religious character; a member of a peculiar sect of Christians, with a severe system of church discipline, met with an injury to his head which resulted in a depression of the outer table of the skull. After the accident he began to show signs of mental aberration. He became more absorbed than ever in his religious duties. He contracted the delusion that his wife was giving too much attention to her young child. That she was periling her own salvation by making an idol of her child; and to save his wife's soul he determined to remove the idol from her. In his long lucid intervals he has spoken of the struggle in his own mind in regard to this delusion, but he fought against it in vain. He was overpowered by the feeling that his wife's soul must be saved at any sacrifice. He took the little child with him to the lake, upon whose banks his farm was situated, walked in with it and held it under the water in spite of its struggles until it was drowned. This man is still subject to recurring attacks of melancholy mania, but he rallies quickly and for intervals of many months' duration, is one of the most useful men about the institution and its grounds. He is a good carpenter and an excellent gardener. He builds our out-houses and plants and grafts our trees. In the winter he knits and has sent specimens of his work to the exhibitions for which he has taken prizes, and recently by his own means he has procured a knitting machine, which he has taught himself to work from the printed directions. He makes with this machine a pair of men's socks in thirty minutes, and is rapidly fabricating for the asylum inmates a supply of these necessary articles, and of woollen under-clothing, which will be cheaper in price and more durable in

texture than any we can purchase. This man, like the preceding one, will probably be the inmate for life of an asylum. In the one case, by the inscrutable will of the Creator, the seeds of homicidal insanity are implanted in the offspring. In the other, an accident superinduces the attack. But although under these overpowering influences the insane men have taken, in the one case, the life of the parent and the other the child, yet they can hardly be classed with vicious and incorrigible criminals, who from malice aforethought, and from base and unworthy motives, plan and commit cruel and deliberate murder.

We have also the case, well known to your Board, of the patient who, for many years, has acted as the asylum cook. He has served both in the army and the navy, and has acquired habits of cleanliness, regularity and precision. He does the cooking for 110 male inmates of the asylum, at a stove not larger than a small ship's caboose and in the unfinished kitchen of the new asylum. The man, the kitchen and the utensils are all patterns of cleanliness and order. The meals are served with the utmost regularity. I do not know where it would be possible to get paid labor to execute the work so well. This man while in the army and navy was very intemperate; all his trouble at this period of his life arose from his intemperate habits. When under these influences, in a moment of irritation, being jeered and annoyed by a comrade, he took up his loaded musket and shot him. A commission *de lunatico inquirendo* was nominated to investigate the case: he was pronounced insane and sent here as a criminal lunatic. During his long incarceration of twenty years in the penitentiary and asylum, he has performed an amount of work of great value to these institutions. He is now upwards of 60 years of age. He rises for the performance of his duties at four o'clock every morning. The separate meals are prepared in readiness to be served by the insane attendants upon the insane inmates, and never once have I had occasion to complain of irregularities in the service assigned to him. He has insane delusions, but they do not interfere with the performance of his duties. He has the incessant hankering after drink, but as he cannot indulge it in the asylum, it does not produce the evil effects which resulted in his early life, and his value to the Institution in this one department cannot well be overrated. Another analogous case is that of the patient who takes charge of all the private offices, who as one part of his daily duty lights the fires, cleans the rooms and keeps them in order. But this is a very small part of the service he performs. He makes shoes and clothes,

and undertakes nothing that he cannot do well. He is the most reliable patient I have in the asylum, and is the most competent attendant I know of upon the sick inmates. If I have a case difficult and delicate in its management, I turn instinctively to this man. He watches over the invalid, attends to and soothes his last moments, and performs the last offices with a decency and propriety I have never seen excelled. And what was this man's crime? The very greatest known to the law. He quarrelled with his brother-in-law while both were excited by drink, and struck him with the shoemaker's knife with which he was working, a blow which deprived him of life. He was tried and convicted and sent to the penitentiary for life. In the penitentiary he refused to speak, or to work, or to eat, or to comply with the rules and the discipline of the institution; was suspected of simulating insanity, and was subjected to low diet and the shower bath, and was subsequently ordered to receive two dozen lashes. After receiving one dozen he fainted, and the late surgeon to the penitentiary told me it was with difficulty he was restored to animation. I was consulted about the case and had no hesitation in arriving at the conclusion that he was a proper subject for the asylum. He had then been fasting for thirteen days, except in regard to such food as had been forced upon him with the stomach pump, and I do not think I ever saw such a wreck of humanity as this case presented. His general health gradually improved in the asylum, but for five years he never uttered a word. An entry in my case book, made on the 12th April, 1856, nine months after his transfer to the asylum, records the progress of the case:—"This patient has gone on improving and is one of the most tractable patients we have, doing everything but speak. Treat him well and he will work cheerfully to the very utmost extent of his strength; such cases may die under harsh treatment, and by voluntary suicide in refusing food, but I never knew such a case improved by it. If his bodily health was restored to his shattered constitution, I think he might be reported fit for any kind of work, but I apprehend his delusions will remain." My *diagnosis* in this case was correct, and this apparently hopeless and helpless patient has performed an amount of work about the asylum, and for the insane during the last ten years, greater than any other inmate to whom I can refer. I might go on collating from my case book evidence, as the author I have referred to has done in the published series of cases to which he confidently refers, "as proof that violence from criminal lunatics is at least not more to be apprehended than it is from the ordinary run of lunatics." If the modern psychologist meets with more success in the treat-

ment of his patients than his predecessors in the practice did, it is because he studies minutely the history of every case, the peculiar features of the malady, and the temper and disposition of the individual, and in doing so acquires the confidence of the patient, and is better qualified to treat the case and to determine the best way of classifying each inmate of the asylum.

The four cases to which I have made rapid reference, have been selected because each of the patients has committed the highest offence in the criminal calendar. And yet the value of their services to the Institution cannot well be questioned. One of them cooks all the food required for the male inmates of the asylum, another supplies it to those who cannot serve themselves, the third fabricates the warm clothing required to keep them in health, and the fourth nurses them tenderly in sickness, and closes their eyes reverentially when they die. I might refer to other cases of criminal lunatics charged with minor offences, whose services are of much value in the Institution, but I have no desire to strain the argument. I have at all times held the opinion, that as men are gregarious animals, always desirous of going in flocks or herds, it would be a bitter addition to any punishment inflicted, to shut them out from association with their fellow men. This is the view taken by Mr. Commissioner Hood, who says in his work on criminal lunacy, "if the object be to cure the afflicted lunatic, whatever offence he may have committed, his convalescence will depend very much upon his moral treatment, and if he be condemned as I have already stated, to be associated with criminals who have committed equal or perhaps greater crimes than himself, what chance can there be of his recovery?" "I have carefully watched," says Dr. Bucknill, while Superintendent of the Devon Asylum, "to detect any repugnance or unfriendly feeling among the inmates of this establishment towards their fellow patients, who were well known to have committed offences against the law, and have not only failed to do so, but have heard expressions of sympathy and pity." He adds, "The superintendents of other asylums with whom I have communicated, have, in reply to my inquiries, made the same statement, and I am therefore induced to suggest that the association of criminal with non-criminal lunatics, should be left, under the approbation of the commissioners, to the discretion of the superintendents of asylums; this would be far more humane and more in accordance with the spirit of the age than isolating them as a class, and leaving them to prey mutually upon their morbid associations, which cannot fail to aggravate the disease and render it perhaps incurable."

Lectures on Clinical Medicine, by A. Trousseau. Translated by P. VICTOR BAZIRE, M. D. New Sydenham Society Publications for 1868: Vol. 1, pp. 712.

The value of every contribution of the late Prof. Trousseau to the literature of clinical medicine, is too well known and generally recognized to require any special analysis of the various chapters contained in the present volume. But as a whole, its dedication to the field of nervous diseases, entitles it to the deepest consideration of the psychologist not less than to that of the general practitioner. Since Romberg gave his famous treatise on the neuroses to the world, no work has appeared which is better calculated to cast light upon the interpretation of deranged innervation; for although Prof. Trousseau does not descend into the most minute investigations of nerve-pathology, and is, in this particular, much less exhaustive than Romberg, Vander Kolk, Brown Sequard and many others whom we might mention, yet, in combining the positive instruction of the clinique with the *rationale* of the causation of disease, he has furnished the general practitioner with the best results of a life-long experience on subjects which, from their necessarily intricate character, had fallen into traditional forms of interpretation, with the inevitable consequences of routine treatment. No one who looks back upon an experience of twenty years of practice can fail to see in the lectures on "Venesection in Cerebral Hemorrhage and Apoplexy," and "On Apoplecticiform Cerebral Congestion, and its Relations to Epilepsy and Eclampsia," how great a stride has been made by pathology in the true interpretation of cerebral lesions—and if the success following any form of treatment be the best test of its rational character, then we must believe that Trousseau has explored the field of the neuroses and sounded their depths more practically

than any of his predecessors. For, much as we must admire that prying eye of investigation with which cellular pathology has read the secrets of interstitial metamorphoses, and descended into the mysterious domain where vitality first allies itself to plastic transformations of matter into organization, still, we cannot accord so high a place to the simple pathologist as to him, who, with a less microscopic vision, reads and interprets the strong lines of demarcation between physiological aberration and true disease, in such a way as to enable us to prescribe with some probabilities of success. The great merit of all Trousseau's teachings is their applicability to existing necessities. With all his enthusiasm and *élan* he is never speculative or conjectural in his diagnosis, but founds his opinion upon those general principles in pathology which are next door to axiomatic. It is for these reasons that we have enjoyed with unabated satisfaction the perusal of these lectures, and acknowledging their inestimable value to all students of the neuroses, we take pleasure in this opportunity of again offering this passing tribute to a master mind, whose mission upon earth was accomplished in the fullest measure to which genius aided by the lights of science can attain.

— • • —

Plastics. A new classification and a brief exposition of Plastic Surgery. By DAVID PRINCE, M. D. Philadelphia: Lindsay & Blackiston. 1868. 8 vo., pp. 94.

The turning point in operative surgery, to which the labors of all preceeding ages have been tending, since Paré began his first essays in conservative surgery, is that of diminishing the field of actual operation, by aiding and permitting nature to restore the integrity of parts with as little loss of substance by artificial inter-

ference as possible. The recent name of *Plastic Surgery*, is one which expresses perhaps the greatest triumph of art and science combined, over disease, that the sphere of medicine has ever witnessed. It is here, in fact, that will be found the consummation of all those triumphs which Hunter, and Bell, and Cooper, Larrey, and Dupuytren, and Civiale have given to the world. Dr. Prince, in the small volume now before us, has attempted to give a classification of each division of this most interesting field of practice, and in doing so has discharged himself of the task in a manner which is as creditable to his good taste and professional attainments as it will be useful to those who may be called upon to apply the *tactus eruditus*, in saving a human being from those sad deformities consequent upon various surgical diseases, and which are so often sources of permanent unhappiness to those deprived of symmetrical members.

Sanitary Institutions during the Austro-Prussian-Italian Conflict. Conferences of the International Societies of Relief for Wounded Soldiers. An Essay on Ambulance Wagons, &c., &c. By THOMAS W. EVANS, M. D. Paris: 1868. 8 vo., pp. 234.

The success attendant upon the efforts of our Sanitary Commission during the war of the rebellion, gave rise to the Convention of 1864, at Geneva, where most of the European powers adopted a system of sanitary relief for the wounded on battle-fields, predicated upon the entire neutrality of those engaged in rendering such humane services. Not two years had elapsed when the results of these bountiful provisions were reaped in both the Prussian and Italian wars, in the most thorough alleviation of the inevitable sufferings incident to great conflicts which Europe had yet witnessed. As

the foreign historian of our Sanitary Commission, no one was better qualified than Dr. Evans, to undertake the narrative of similar efforts on the part of European governments, and the subject is treated in a way to render it of great popular interest to all, who, in our own country followed with their active sympathies the sad vicissitudes of war. The volume of Dr. Evans, written in a graceful, unvarnished style, is a record of the good example set by our own brave countrywomen to the great warlike powers of the world.

Special Report on the present State of Education in the United States and other Countries, and on Compulsory Instruction.

By VICTOR M. RICE, Superintendent of Public Instruction of the State of New York. Albany: 1867. 8vo., pp. 253.

This most interesting report presents an epitome of the modes of instruction adopted by European governments, in order to secure the general education of children. And, aside from the very thorough manner in which Mr. Rice has discharged his duties in this historical volume, it is to us of chief importance, as showing the growing tendency everywhere exhibited, to make instruction compulsory during a portion of every child's life-time, and as the best means of securing an intelligent and patriotic population, wherever principles of civil liberty are expressed, not less in the forms of government, than in the methods established to perpetuate them.

A New Process for Preparing Meat for Weak Stomachs. By W. MARCET, M. D. London: J. Churchill & Sons. 1867. 8 vo., pp. 27.

This little pamphlet treats of the practical application of the artificial digestion of animal food in the labora-

tory, and its reduction to a condition of *albuminose*, to the wants of dyspeptics. While there are undoubted conditions in which such food might be acceptable as a *succedaneum*, we are inclined to believe that in the majority of instances, it is better to allow the patient to perform even that stage of digestion for himself, by administering *pepsin* in some of its forms directly after meals. Physiologists know that the first stage of digestion is the most important, and practically determines the character of all subsequent ones, and it is best, as we think, that this should be done in the alimentary canal. We do not doubt the *chemical* value of Dr. Marcet's process, only, we believe that the element of vitality must be considered in all digestive processes, and that, we cannot find outside of the body.

SUMMARY.

THORACIC ANEURISM AND DEMENTIA: BY WM. MOORE, M. D.—In a late number of the Dublin Quarterly Journal of Medical Science, we find reported three cases of thoracic aneurism combined with dementia, which appear to present some novel relations between lesions of the central circulation and those of the brain. The length of the cases forbids our quoting them entire, and we can only give the results of the autopsies, as showing the points whence were radiated the disastrous influences terminating in dementia. In the first case, says Dr. Moore:

From the situation of the aneurism in this case, it might be reasonable to infer that the carotid supply was interfered with, and, in addition, that reflected nervous irritation may have played an

important part in the production of the psychological phenomena present; but as the brain was not examined I am not disposed to indulge in these hypotheses, but to confine myself to what we did find, viz: an intra-thoracic aneurism, associated with dementia.

It is needless to say that we regret so important an organ as the brain should have been overlooked, in a case where possibly, so much of the reciprocal influences of a disordered circulation upon it could have been observed and recorded—for in this case there was *mania*, with general *incoherence accompanying* aneurism of the transverse portion of the thoracic aorta.

In the second case there was difficulty of speech—imperfection of mental powers; loss of memory; paralysis of sensation and motion; and the autopsy revealed large thoracic aneurism, with left carotid artery impervious from its origin to its bifurcation; *atrophy of the left hemisphere of the brain*. “On examining the cranial cavity the arachnoid was slightly thickened and opaque, and a slight amount of sub-arachnoid effusion was found; but what was particularly interesting, the left hemisphere of the brain was smaller than the right, and a small depression or cicatrix existed on its surface on the inner and anterior part of the anterior lobe,” &c.

This case would seem to support Dr. Broca's theory of the organic seat of aphasia, though there was in the above instance only *difficulty*, and not *loss* of speech.

In the third case, there was complete temporary insensibility, dementia, delirium and fugitive paralysis, and the autopsy showed an enormous thoracic aneurism, empty carotids, and general atrophy of brain. In conclusion, Dr. Moore says:

My object in adducing these cases is to show that “mental diseases,” so called, may be entailed by comparatively remote physical conditions, and hence arises the importance of taking the widest range in approaching the consideration of these affections. We

are familiar with mental phenomena termed "reflex," when they are found to coexist with uterine, genito-urinary or other abdominal irritations, but the changes which these causes bring about in the nutrition of the brain are difficult to define. Now, whilst our knowledge of psychology as yet is not so far advanced as to enable us to specify in all cases from certain symptoms, certain pathological changes, still if in a case of dementia we can detect a latent aneurism or intra-thoracic tumor which, from its situation, it is to be presumed, would cause obstruction of the cerebral supply and consequent atrophy of the brain, it is needless to add, how materially such a discovery would affect the prognosis and treatment of such a case; experience having shown us that dementia attendant on a chronic atrophic condition of the brain is of most unfavorable prognosis, whilst insanity in more acute and subacute forms, where no such positive evidence of persistent diminished nutrition of the brain is present, may be regarded as relatively hopeful and capable of cure.

IRON ROD PROJECTED THROUGH HEAD.—RECOVERY.—Dr. M. Jewett, of Middlebury, Ohio, records (*Western Journal of Medicine*, March, 1868,) the case of a Frenchman 27 years of age, who, while blasting coal, was struck by the blasting barrel, (a five-eighth inch gas pipe four feet long,) near the external angle of the superciliary ridge of the right side, and in its course it passed through the bone, fracturing the orbital plate through the right anterior lobe of the brain, lacerating the longitudinal sinus through the left middle lobe, and emerged at a point about an inch and a half above and behind the left ear. The rod lodged after entering about one-half its length, and was extracted by his companions, not without considerable difficulty and force, owing to a bend in a portion of the rod in the patients skull. For several days he was almost entirely comatose. Cold was applied to his head; his bowels were kept open by large doses of podophyllum and calomel; the wound was kept open by frequent deep probings, and the head so placed as to favor drainage. Fragments of bone, coagulated blood, and broken up brain tissues, were freely discharged. About the twelfth day he began to show signs of consciousness, took nourishment, and at times seemed to comprehend what was said to him. He gradually improved after the third week, and in eight weeks from the time of receiving the injury, was able to leave his bed. There was at no time, any marked paralysis

Physically he now seems as well as ever, is perfectly rational,

and will reply correctly in monosyllables to questions, but is entirely unable to connect words. He succeeds best, when excited, in swearing in French. This difficulty shows that that portion of the brain controlling speech, was seriously and probably irreparably injured. Up to this date, January 24, 1868, over eight months from the injury, he shows no improvement in this particular. The amount of mental power is also much impaired.—*American Journal of Medical Sciences, July, 1868.*

CASE OF FRACTURE OF THE SKULL, WITH HERNIA CEREBRI AND COMPOUND FRACTURE OF PELVIS, FOLLOWED BY RECOVERY.—On the afternoon of the 13th of April, 1867. Thomas Raisbeck, æt. 25, was driving the engine of which he had charge on the North British line. He had taken a train up an incline, and was returning with only a goods van attached to the engine down the hill again. He was in front of an express train from the south, and with his light burden was going at the rate of at least forty miles an hour. He discovered that something was wrong with the supply pipe of the engine.

This is, he tells me, a pipe which passes from the tender to the engine, below the footboard on which the driver and the stoker stand, and can be reached by them only by leaning over the side of this footboard and reaching below the engine. He was very unwilling to stop, and thus delay the express which was just behind him, so endeavored to remedy the defect by trying to reach it without slackening his speed.

He forgot that he was approaching a station, and was still leaning over when the engine swept past Tynehead, the platform of which station at once knocked him off his step, and crushing him between the platform and the step, a distance of five or six inches at most, left him lying on the line. Most fortunately he fell clear of the wheels of the tender and van. The stoker at once stopped his engine, returned for him, picked him up quite insensible, and brought him into town as rapidly as possible.

He was at once conveyed to the Infirmary, and admitted into Mr. Syme's wards, by whose permission I treated him, and now report the case. On arriving, I found him very restless, and quite unable to articulate, though apparently he could recognize his wife, and his mother who had come to see him. He was bleeding from two flesh wounds on the back of his head. One, extending obliquely backwards from the right parietal towards the occiput,

was about three inches in length, and led to a comminuted and depressed fracture of the skull about two inches in length and one broad. The bone was shattered, the dura mater wounded, and one small piece of bone was driven through the dura mater into the substance of the brain. The wound of the dura mater was large enough to admit a goose-quill. Another flesh wound, parallel with the first and higher up, was unconnected with the bone.

The pelvis also was very severely injured—the left ala of the ilium being knocked off the basin of the pelvis, and quite movable. A small wound, close to the anterior superior spinous process of the ilium, rendered the fracture compound. There was very great swelling of the pelvis and thigh.

He was put under chloroform, and I removed all the loose fragments of bone from the fracture of the skull, carefully preserving the periosteum. I found the inner table broken to a greater extent than the outer, but easily enough got the splintered fragments away. The injured leg was very stiff, and any movement produced loud crepitus; but, as there was no fracture of thigh, the injury of the pelvis seemed sufficient to account for the crepitus and stiffness. A catheter was passed, and drew off a quantity of urine untinged with blood. His pulse was strong and firm, about 78. There was no evidence of any internal rupture. A bandage was placed round his pelvis, and the wounds of the head dressed with dry lint, as from his restlessness no other dressing would stay on.

On coming out of the chloroform, he seemed much more sensible, and appeared to recognize his wife.

April 14th.—Patient had a very restless night, and became so noisy that he had to be sent to the special ward for such cases, and to be strapped to his bed. Still it was possible to rouse him, and, when roused, he was pretty sensible and quite good-natured. Put out his tongue when asked. Pulse 84. Pupils natural.

He was ordered a full dose of castor-oil.

I now report the progress of the case as briefly as possible, by a few quotations from my notes of the case taken at the time.

15th.—Another very restless night. Bowels freely acted on. Takes beef-tea and milk easily—no solid food. Skin hot—face flushed. Pulse 92. To have a mixture containing aq. acet. ammonia, and tr. hyosey. in camphor mixture.

16th, 17th.—Still very restless and delirious; can be roused by being spoken to.

18th.—More rational, but very thirsty and feverish. Milk diet only.

19th.—Weak, wandering, very low. Brain protrudes through the wound of dura mater.

20th.—Pulse 120. Very free discharge from compound fracture of pelvis. Extensive erysipelatous redness of side and flank.

21st.—Hernia cerebri increasing, now as large as a walnut.

29th.—During the last week all the inflammatory symptoms became more marked—possibly partly owing to his removal from No. 10 ward to the Surgical Hospital, which was advisable for various reasons, and took place on 23d. To-day he is again wildly delirious. Pulse 125, very hard; skin hot. Hernia cerebri as large as the half of a small apple. Head is now completely shaved, cold applied, and 1-12th of a grain of tartarized antimony given every hour.

30th.—Much better. Pulse down to 110.

May 9th.—Since last report, his general condition has much improved. The hernia cerebri has now dried up and disappeared. The wound in dura mater is apparently closed. The compound fracture of pelvis has ceased to suppurate, and now, four weeks after the accident, the fractured basin of the pelvis may be supposed to be nearly firm. Attention could now be directed to the condition of the thigh, which is shortened, and the head of the femur, which seems to be lying somewhere about where the upper margin of the acetabulum ought to be.

He was put under chloroform, and manipulation very cautiously used under Mr. Syme's direction. It was found that, with the most perfect ease, the bone could be shifted from the position above the acetabulum into the foramen ovale; but, on endeavoring to place it on the acetabulum, tremendous crepitus was elicited, and the head immediately slipped out of the broken cavity. The previous diagnosis of fracture of the pelvis involving the acetabulum was thus confirmed, and no further attempt was made; the limbs were fastened together at knee and ankle, and the thigh was kept with the head as near as possible to its proper position. This interference with the parts was, however, not without bad results, though well-intentioned, for, without going into detail, his pulse steadily rose, till on the 12th it was again at 120, and on the 15th a large abscess had formed under the adductor muscles, which was evacuated low down in the thigh to his great relief.

23d.—Steady improvement since abscess was opened. Pulse down again to 104.

27th.—Discharge very profuse and fetid. Pulse up again, and rising. Skin hot.

June 1st.—Patient apparently sinking from hectic, discharge extremely profuse, new abscesses forming round hip, appetite gone, occasional rigors. Pulse 148. Bed-sores formed on sacrum and nates from the contact with the fetid discharge, which rapidly rots the bed clothes and irritates the skin.

Whisky and wine *ad libitum*, with strong beef-tea.

4th.—A slight improvement; discharge sensibly less. Pulse down to 116.

From this date the progress of the case was one of almost uninterrupted recovery. He gained appetite, flesh, and strength. The sinuses gradually ceased to discharge. The bed-sores healed, and he was dismissed September 16, walking on crutches.

Present State.—General health remarkably good, thigh and leg well nourished, no shortening between head of femur and patella, but very great change in position of head of femur. It is not in the seat of either of the four well-known dislocations, but is displaced more directly upwards, approximating closely to the anterior superior spinous process of the ilium, and involving a shortening of about $2\frac{1}{2}$ inches. The motion of the joint is free enough in a limited area, *i. e.*, the head of the bone apparently plays in a cup lined by synovial membrane and cartilage, without creaking or roughness, but the flexion is limited apparently by abnormal bony processes. There seems little doubt that this new seat is the old acetabulum, limited in size, and displaced bodily upwards by the complicated fracture of the pelvis. A very similar case is recorded in the Medical Times and Gazette for Saturday, March 28, 1868, as existing in the Dupuytren Museum.

I have endeavored to give some idea of the exceedingly dangerous nature of the poor lad's accident and subsequent illness; but it is difficult for any one to realize, who had not seen him, the intense prostration and apparently absolutely hopeless condition in which he was, first from the acute head affection, and secondly from the hectic from his profuse discharge. He is now working in the engine-sheds at St. Margaret's, seven hours a day, and his general health is excellent; although the limb is shortened, and he needs a high-heeled boot, he walks rapidly with a stick only.

With regard to the dietetic treatment pursued, his chief nourishment consisted of beef-tea and milk, in large quantity and at short intervals. The quantity of alcoholic stimulants was much smaller than is usually given in such cases in the present day. But the advantage of limiting their use was very evident in the beginning of June, when he was apparently sinking from hectic; for then the

use of a few ounces of whisky daily improved his appetite, and seemed greatly to aid in his recovery.—*Edinburgh Medical Journal for June.*

NEW ASYLUM FOR THE INSANE IN PENNSYLVANIA.—We copy the following interesting letter from the North American and United States Gazette, of June 29, 1868.

Within the past few years it has been conclusively shown that there exists in Pennsylvania a great want of adequate provision for the care and treatment of her insane. While the States of Ohio and Kentucky, with an intelligent liberality that does them the highest honor, have provided accommodations for all the insane within their borders, and other States are rapidly approaching that condition, our grand old commonwealth, the pioneer in this cause, has now within its limits not less than fifteen hundred citizens who are suffering from the want of the provision just referred to. Guiltless of crime, they are nevertheless to be found in the jails, in the alms-houses, in the private houses; or, worse than all, in the isolated prison-like huts put up for their safe-keeping, and in none of which can they receive that kind of treatment that is likely to promote their restoration to health.

To remedy this condition of things, so discreditable to the State, and so subversive of the best interests of the afflicted, and of the whole community, a bill was passed at the last session of the Legislature appointing commissioners to select and purchase a site for a new State Hospital, to elect a superintendent, and to put up the necessary buildings. The district to be specially provided for is composed of the twenty counties in the northeastern section of the State, and the hospital is intended ultimately to provide accommodations for about four hundred patients. The commissioners named in the bill, and to whom the important trust has been confided, are Dr. John Curwen, of Dauphin county; Dr. Joseph A. Reed, of Alleghany; and Dr. Traill Green, of Northampton, all distinguished members of the medical profession, the two first named having charge of the present State hospitals for the insane, and the last the President of the State Medical Society for 1867.

It is only just to say that to the persevering efforts of this society, and of individual members of it, the State in a great measure will be indebted for this new and much needed institution.

The first step taken by the commissioners was the appointment of Dr. S. S. Schultz, of Dauphin county, formerly Assistant Physician of the State Hospital at Harrisburg, and a gentleman of experience in the specialty, as superintendent of the new hospital. The next important duty was to find a suitable site for the proposed buildings, a task involving no little labor, for to such an establishment certain things, not always to be obtained in conjunction with the same tract of land, are indispensable. The law required that there should be two hundred and fifty acres of land, there must be abundance of good water, complete facilities for drainage, a reasonable proximity to a town of considerable size, and regard must also be had to geographical centre, and still more to the centre of population of the district to be accommodated.

The gentlemen already named started on their tour of inspection on Tuesday, the 16th instant. To aid them in their work they had invited and were accompanied by his Excellency Governor Geary, Hon. Wilmer Worthington, and Hon. Mr. Erritt, of the Senate's Committee on Charitable Institutions, Dr. Isaac Ray, the well-known authority on insanity, Dr. Kirkbride, of the Pennsylvania Hospital for the Insane, Miss Dix, the distinguished philanthropist, and Mr. McArthur, the architect of the proposed building. The party left Harrisburg as already stated, and, reaching Williamsport the same evening, spent the following day in examining the proposed farm, and the advantages of that neighborhood, as prescribed by the very intelligent committee to whom the interests of that flourishing town had been entrusted by its citizens.

On Thursday the commission proceeded to Danville, and examined sites in that vicinity. On Friday they reached Bloomsburg, and pursuing the same course in that neighborhood, arrived at Wilkesbarre late on Friday evening. Several farms in that region were carefully examined on the following day, and on Monday the party continued their visitations in the same vicinity, before proceeding to visit the other points in the district, to which they had been invited, and which are supposed to possess the requisite advantages for a first class hospital for the insane. Everywhere they went they had abundant opportunity to see, under the most favorable circumstances, the beautiful scenery and the many objects of interest abounding in that section of the State, and were forcibly impressed with the high character of the improvements that were generally visible, and with the industry, enterprise and hospitality of the citizens.

It may be some time before a final decision is arrived at in re-

use of a few ounces of whisky daily improved his appetite, and seemed greatly to aid in his recovery.—*Edinburgh Medical Journal for June.*

NEW ASYLUM FOR THE INSANE IN PENNSYLVANIA.—We copy the following interesting letter from the North American and United States Gazette, of June 29, 1868.

Within the past few years it has been conclusively shown that there exists in Pennsylvania a great want of adequate provision for the care and treatment of her insane. While the States of Ohio and Kentucky, with an intelligent liberality that does them the highest honor, have provided accommodations for all the insane within their borders, and other States are rapidly approaching that condition, our grand old commonwealth, the pioneer in this cause, has now within its limits not less than fifteen hundred citizens who are suffering from the want of the provision just referred to. Guiltless of crime, they are nevertheless to be found in the jails, in the alms-houses, in the private houses; or, worse than all, in the isolated prison-like huts put up for their safe-keeping, and in none of which can they receive that kind of treatment that is likely to promote their restoration to health.

To remedy this condition of things, so discreditable to the State, and so subversive of the best interests of the afflicted, and of the whole community, a bill was passed at the last session of the Legislature appointing commissioners to select and purchase a site for a new State Hospital, to elect a superintendent, and to put up the necessary buildings. The district to be specially provided for is composed of the twenty counties in the northeastern section of the State, and the hospital is intended ultimately to provide accommodations for about four hundred patients. The commissioners named in the bill, and to whom the important trust has been confided, are Dr. John Curwen, of Dauphin county; Dr. Joseph A. Reed, of Alleghany; and Dr. Traill Green, of Northampton, all distinguished members of the medical profession, the two first named having charge of the present State hospitals for the insane, and the last the President of the State Medical Society for 1867.

It is only just to say that to the persevering efforts of this society, and of individual members of it, the State in a great measure will be indebted for this new and much needed institution.

The first step taken by the commissioners was the appointment of Dr. S. S. Schultz, of Dauphin county, formerly Assistant Physician of the State Hospital at Harrisburg, and a gentleman of experience in the specialty, as superintendent of the new hospital. The next important duty was to find a suitable site for the proposed buildings, a task involving no little labor, for to such an establishment certain things, not always to be obtained in conjunction with the same tract of land, are indispensable. The law required that there should be two hundred and fifty acres of land, there must be abundance of good water, complete facilities for drainage, a reasonable proximity to a town of considerable size, and regard must also be had to geographical centre, and still more to the centre of population of the district to be accommodated.

The gentlemen already named started on their tour of inspection on Tuesday, the 16th instant. To aid them in their work they had invited and were accompanied by his Excellency Governor Geary, Hon. Wilmer Worthington, and Hon. Mr. Erritt, of the Senate's Committee on Charitable Institutions, Dr. Isaac Ray, the well-known authority on insanity, Dr. Kirkbride, of the Pennsylvania Hospital for the Insane, Miss Dix, the distinguished philanthropist, and Mr. McArthur, the architect of the proposed building. The party left Harrisburg as already stated, and, reaching Williamsport the same evening, spent the following day in examining the proposed farm, and the advantages of that neighborhood, as prescribed by the very intelligent committee to whom the interests of that flourishing town had been entrusted by its citizens.

On Thursday the commission proceeded to Danville, and examined sites in that vicinity. On Friday they reached Bloomsburg, and pursuing the same course in that neighborhood, arrived at Wilkesbarre late on Friday evening. Several farms in that region were carefully examined on the following day, and on Monday the party continued their visitations in the same vicinity, before proceeding to visit the other points in the district, to which they had been invited, and which are supposed to possess the requisite advantages for a first class hospital for the insane. Everywhere they went they had abundant opportunity to see, under the most favorable circumstances, the beautiful scenery and the many objects of interest abounding in that section of the State, and were forcibly impressed with the high character of the improvements that were generally visible, and with the industry, enterprise and hospitality of the citizens.

It may be some time before a final decision is arrived at in re-

gard to the location of the new institution, for the Commissioners are proceeding with great care, and hope to procure the very best that can be obtained within the prescribed limits.

The party was received with distinguished attention at every place which they visited, the most prominent citizens and the people generally manifesting a deep interest in the subject, and an anxiety to hear from the gentlemen who were engaged in this important duty. In nearly every town where they stopped there were large gatherings of the people, with serenades to the Governor and his friends, and on these occasions admirable addresses were made by Governor Geary, Senator Worthington and others.

It was a rare spectacle, and one most honorable to all parties, to witness the chief executive and other high officers of a State, when having public receptions, eschewing all politics, and addressing an appreciative people on humanitarian themes, disseminating the soundest principles on subjects not generally understood as they should be, and teaching the necessity and expediency, as a mere matter of political economy, of abundant provision for the prompt and enlightened treatment of every case of insanity—a malady which spares no class in severity, and which, curable as it is in its commencement, if neglected in its early stages rarely fails to end in the permanent loss of what alone makes man superior to the other species of animated beings around him. Hardly less creditable is it to the high functionaries of our State government, that as they passed among the people, they gave the best illustration of their principles in regard to temperance and the use of alcoholic drinks, for nowhere throughout their journey was anything that could intoxicate seen at any entertainment at which they were present. Although engaged on a different mission, they were teaching by example, which, as usual, is vastly more effective than the most elaborate precepts separately prescribed.

The completion of the labors of this commission will be looked forward to with great interest, not only by the citizens of the section to be especially benefited by this enlightened action of the last Legislature, but by the people of the whole State, and by the philanthropic everywhere.

THE ASSOCIATION OF MEDICAL SUPERINTENDENTS OF AMERICAN INSTITUTIONS FOR THE INSANE.—We are obliged to reserve any particular remarks on the proceedings of the meeting of this Association, held in

Boston in June, until we receive an official report of them. Several papers were read on interesting subjects; and there seems, from the abstract which we have seen in the newspapers, to have been an animated general discussion on the propositions reported by Dr. Ray for legislative consideration, respecting the legal relations of the insane. Some modifications were made, and the whole finally adopted as a compromise of the particular views of the members present. On one of the topics our readers will perceive that we have made some general suggestions in this number of the JOURNAL. There are one or two other topics that might be enlarged upon as interesting, particularly that regarding the validity of wills, which opens the consideration of a very nice subject indeed, and of the greatest practical consequence.

We subjoin the propositions referred to as we find them printed in the Boston Journal.

Insane persons may be placed in a hospital for the insane by their legal guardians, or by their relatives and friends in case they have no guardians, but never without the certificate of one or more responsible physicians, after a personal examination made within one week of the date thereof; and this certificate to be duly acknowledged before some magistrate or judicial officer, who shall certify to the genuineness of the signature, and of the respectability of the signer.

Insane persons at large may be placed in a hospital or other proper place of detention by order of a magistrate, who shall have investigated the case and shall have had presented to him a certificate of insanity signed by one or more reputable physicians.

Any high judicial officer may be petitioned in writing by any respectable person for the commitment of any person requiring restraint on their own account or that of others, and the case shall then be investigated and decided upon by a commission appointed by this officer, and consisting of three or four persons, including at least one physician and one lawyer. The written statement of some friend of the party so confined that he is losing his health, or

has so far recovered that he can safely be discharged, shall cause a judicial investigation of the case, and a decision in accordance with that investigation.

Any high judicial official may be petitioned in the same way as mentioned in the preceding paragraph, or by the officers of a hospital, for an investigation of the case of a person confined in an insane hospital and believed by the petitioner or hospital officers to be worthy of his liberty; and the case shall be acted upon by such a commission as provided for in the preceding paragraph. These examinations, however, shall not be made oftener than once in six months in the same case, and not within the first six months of the person's residence in an asylum.

The relatives or friends who have placed a person in an asylum can remove that person, and persons placed there by the order of a magistrate can be removed in the same way.

Paupers can be placed in insane asylums by municipal authorities, supported, as in other cases, by medical certificates, and the same authorities can secure their discharge or release.

Insane persons shall not be made responsible for criminal acts in a criminal suit unless such acts shall be proved not to have been the result, directly or indirectly, of insanity. Insane persons shall not be tried for any criminal act during the existence of their insanity, and for settling the question of such alleged insanity, a judge shall appoint a commission of three or five persons, all of whom shall be physicians, and one, if possible, an expert.

Persons acquitted in a criminal suit on the ground of insanity, shall be committed by the Court to some place of confinement, for safe keeping or treatment, and shall be detained there until he shall be discharged by the order of some Judge of the Supreme Judicial Court. In cases of homicide or attempted homicide, however, no discharge shall be made unless with the unanimous consent of the Superintendent and Managers of the Institution where he has been placed, and the Court before which he was tried.

Persons manifestly suffering from the want of proper care or treatment may be placed in some hospital for the insane, at the expense of those legally bound to maintain him, by order of any high judicial officer.

Judges of Probate, or other officers with similar power, may be petitioned for the guardianship of insane persons, and such guardianship may be granted upon the satisfaction of that officer that such a measure is necessary.

Insane persons shall be made responsible in a civil suit for any injury committed upon persons or property, with due reference to pecuniary means for covering damages, and any extenuating circumstances.

The contracts of the insane shall not be valid, except for articles of necessity or comfort suitable to the means or condition of the party, or in cases where the other party had no reason to suspect any mental impairment.

Wills may be invalidated on the ground of the testator's insanity, upon satisfactory proof that he was incapable of understanding the nature and consequences of the transaction, or of appreciating the relative values of property, or of remembering and calling to mind all the heirs-at-law, or of resisting all attempts to substitute the will of others for his own, or that he entertained delusions respecting any heirs-at-law, calculated to produce unfriendly feeling toward them.

ACTION OF BELLADONNA AND HYOSCYAMUS.—Dr. J. Harley, in a recent lecture in the Royal College of Physicians, on the therapeutic action of belladonna, said:

The simplest view to be taken of the operation of belladonna is that of direct and powerful stimulation of the sympathetic nervous system, of which the increased force and action of the heart may be taken as the exponent. In children, and in many of the lower animals, this is so far the chief effect that, in medicinal doses at least, it may almost be regarded as the only one.

Adverting then to the medicinal use of belladonna, the lecturer placed this plant at the head of all stimulants; and having illustrated its use as being at one and the same time the most potent cardiac stimulant and diuretic that we possess, advocated its use in cardiac asthenia and syncope, in the collapse of cholera, in suppression of urine, and in diseases attended by imperfect oxydation—*vis*, rheumatic fever and gout.

In chronic nephritis he regarded it as being a most hopeful means of restoring the kidneys to healthy action, and he adduced several cases to show that belladonna had been beneficial in exciting a healthy tone in the renal blood-vessels, and so diminishing the quantity of albumen in the urine.

The same authority, in a subsequent lecture on the action of hyoscyamus, expresses the opinion that hyoscyamine in combi-

nation with opium produces the most powerful hypnotic action possible. Each increases the effect of the other. Quantities of morphia and hyoseyamine, which of themselves are insufficient to cause sleep, will, when combined, speedily induce that condition.

Like atropia, hyoseyamine is eliminated by the kidneys, and the lecturer stated that he had detected it in the urine twenty-two minutes after the subcutaneous injection of the one-fifteenth of a grain of hyoseyamine.

Treating of its therapeutical use, the lecturer stated that he had found it serviceable in certain cases of epilepsy and enuresis, and extremely valuable in irritable conditions of the brain and heart; and that it is especially useful in often determining and invariably increasing the hypnotic action of opium.

In treating of the combined operation of belladonna and opium, the lecturer, having previously determined the separate effects of atropia and morphia upon the horse, the dog, and man, gave the results of their operation when simultaneously administered, or when the one remedy was allowed to precede the other by a variable time.—*Medical Record*, June 15, 1868.